

PLACE OF BIRTH

County of IdahoCity of Idaho CityNo. 119-222-08-495 St. 495

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Clara Frances Marcus

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? <u> </u>	and <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>May 22 - 1882</u> , 19 <u> </u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth Three (a) Born alive and now living _____

Born alive but now dead _____ Stillborn _____

FATHER	MOTHER
FULL NAME <u>Charles Fredrick Marcus</u>	FULL MAIDEN NAME <u>Catherine Dietrich</u>
Residence (Usual place of abode) <u>Idaho City</u>	Residence (Usual place of abode) <u>Idaho City</u>
If non-resident, give place and State _____	If non-resident, give place and State <u>Germany</u>
Color or race <u>white</u> Age at last birthday <u>40</u> (Years)	Color or race <u>white</u> Age at last birthday <u>80</u> (Years)
Birthplace <u>Hannover, France</u> (City and State or County)	Birthplace <u>Germany</u> (City and State or County)
Occupation <u>miner</u>	Occupation <u>merchant</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at Idaho City M. on the date above stated. { Stillborn }

(Signature) Catherine Dietrichmother (Physician or midwife)

Address _____

Filed Jan 1934 Registrar. _____

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1977

PERMANENT RECORD, A
WRITE PLAINLY WITH UNFADING INK—THIS
One child at birth a Separate Return must be made for each, and the number of

993-217911-236
1. RECEIVED JAN 8 1934
County of Idaho
City of Near Farmington
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

217911

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Anna Estella Ritchey (Edminster)

3. Sex 7 If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. 1st Full term yes mate? yes 6. Premature. _____ 7. Legiti- _____ 8. Date of birth Aug. 17, 1932
(Month, Day, Year)

9. Full name William Green Ritchey
FATHER
10. Residence (usual place of abode) Near Farmington
(If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 29 years
13. Birthplace (city or place) Banks of Green River
(State or country) Wyoming 1953
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Deceased Feb 2 1919
17. Total time (years) spent in this work 50 yr

18. Full maiden name Ina Bell Scott
MOTHER
19. Residence (usual place of abode) Near Farmington
(If non-resident, give place and State) Idaho
20. Color or race W 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Ripley
(State or country) West Virginia
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work Feb. 1919
26. Total time (years) spent in this work 50 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 4 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
Before labor 0
During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ina B. Ritchey (Mother) M. D.
or _____ Midwife

Address 743-4th St. Coeur d'Alene Idaho

Filed Jan, 1934
Registrar.

Give name added from a supplemental report Bible
(Date of) _____
Registrar.

Dup of 1882-292276

BOTH
DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 618-125-106-799 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **228781**

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Perry Edward Warren

3. Sex <u>male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth <u>4</u>	6. Premature	7. Legitimate? <u>yes</u>	8. Date birth <u>May 25 1899</u> (Month, Day, Year)
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9. Full name <u>Levi Warren</u>	FATHER <u>deceased now</u>	18. Full maiden name <u>Mary Pitchett Warren</u>	MOTHER
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10. Residence (usual place of abode) <u>machoy Idaho</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>gipsey Idaho</u> (If non-resident, give place and State)
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11. Color of hair <u>brn</u>	12. Age at last birthday <u>25</u> (years)	20. Color of hair <u>brn</u>	21. Age at last birthday <u>25</u> (years)
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13. Birthplace (city or place) <u>galesburg ill</u> (State or country)	22. Birthplace (city or place) <u>Carthage Jasper Missouri</u> (State or country)
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
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16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	19. _____	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work	19. _____
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
four (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

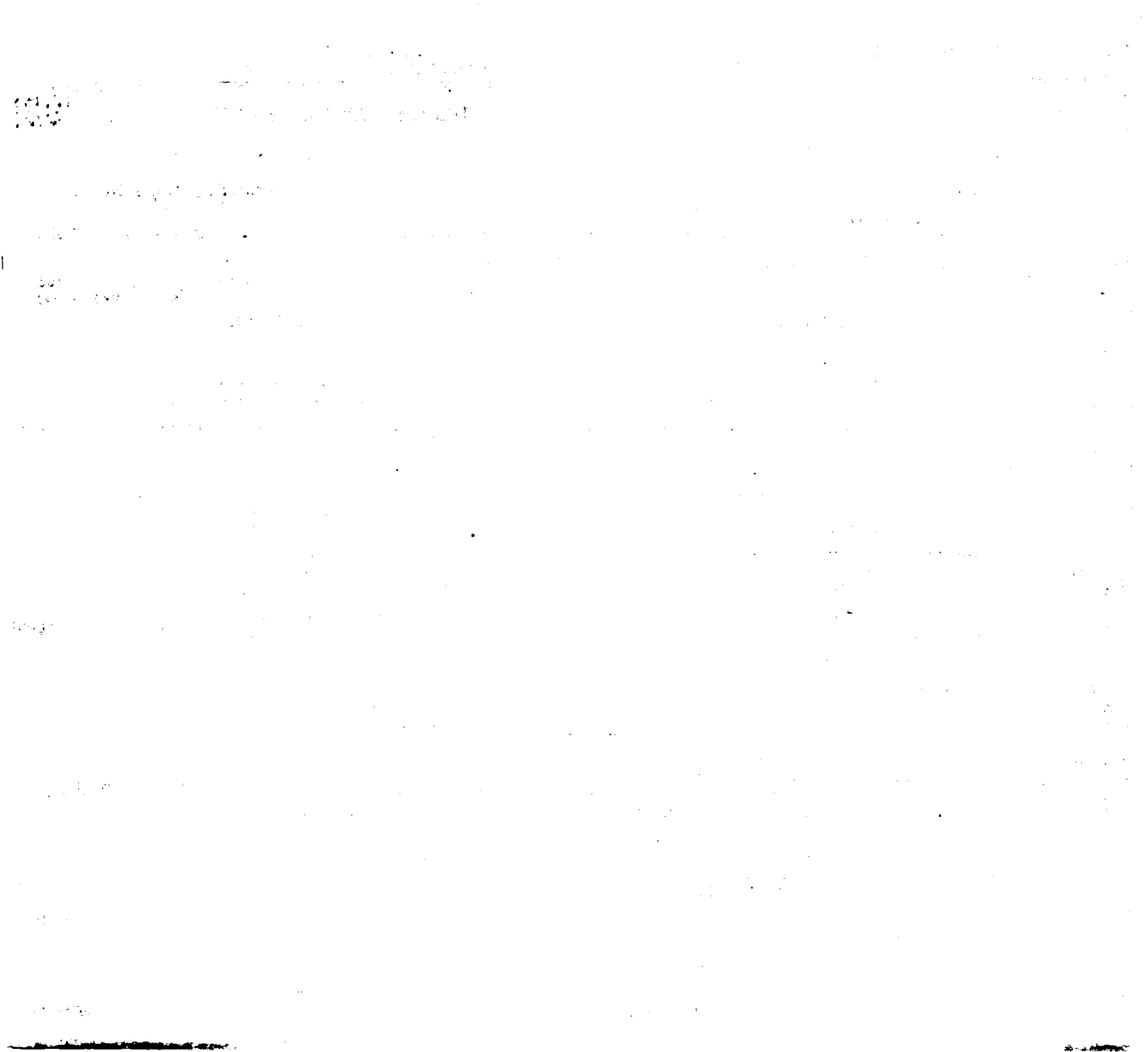
I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Mary Warren Mother, M. D.
or _____, Midwife

Give name added from a supplemental report _____ Address _____

(Date of) _____ Filed Jan, 1935

Registrar. Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of A363 132 008-266
City of Boise
No. Idaho St.
Horne

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

232015

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ORRICK SETH COLE

3. Sex male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? yes 8. Date of birth Feb. 22, 1882
(Month, Day, Year)

9. Full name Orrick Cole FATHER 18. Full maiden name Ella Medora Bacon MOTHER

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) _____
(If non-resident, give place and State.)

11. Color or race white 12. Age at last birthday 33 40 (years) 20. Color or race _____ 21. Age at last birthday 27 (years)

13. Birthplace (city or place) New Braintree 22. Birthplace (city or place) Waterloo
(State or Country) Massachusetts U.S.A. (State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. school teacher
housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____
in this work _____ 19. _____ 26. Total time (years) spent _____
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
two (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

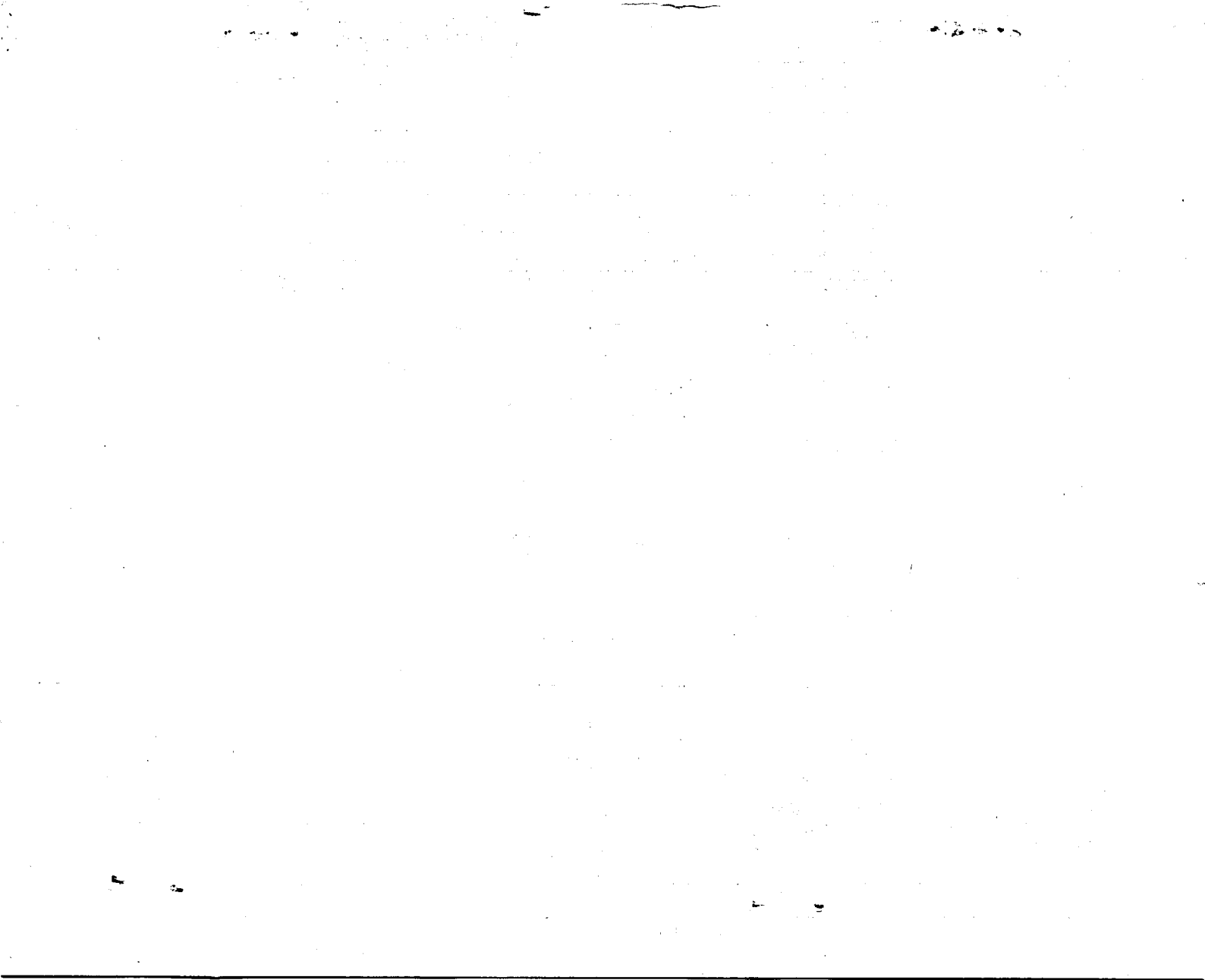
(Signed) (See Affidavit on next page), M. D.

or _____, Midwife

Address _____

Filed June 3, 1935 Pearl Dillingham

State Registrar



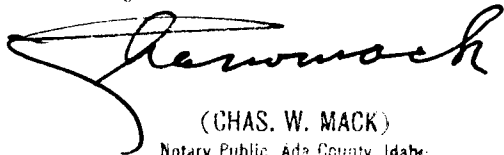
Boise Idaho June 3^d, 1935

This is to certify that Orrie Seth Cole
was born at Boise, Idaho, on February
22^d, 1882.

His parents were Ella Medora Cole
and Orrie Cole.

Witness Mrs Jennie Pratt
Martin E Pratt

Subscribed and sworn to before me
this 3rd day of June 1935



(CHAS. W. MACK)

Notary Public, Ada County, Idaho.
My Commission Expires July 15, 1935

2-1-4

2-1-4

1

1

1

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1

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415-124036-799
1. PLACE OF BIRTH
County of Oneida
City of Samaría
No. _____ St. _____

STATE OF IDAHO 230-98
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 238398

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD David Griffiths Davis

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug. 24, 1882</u> 193____ (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>David Price Davis</u>	FATHER	18. Full maiden name <u>Elizabeth Griffiths</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Samaría, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Samaría, Ida.</u>
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11. Color or race <u>W</u>	12. Age at last birthday <u>57</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>40</u> (years)
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13. Birthplace (city or place) (State or Country) <u>South Wales</u>	22. Birthplace (city or place) (State or Country) <u>North Wales</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, <u>Housewife</u> , lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent _____		26. Total time (years) spent _____
	19. _____ in this work _____		19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Seven
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

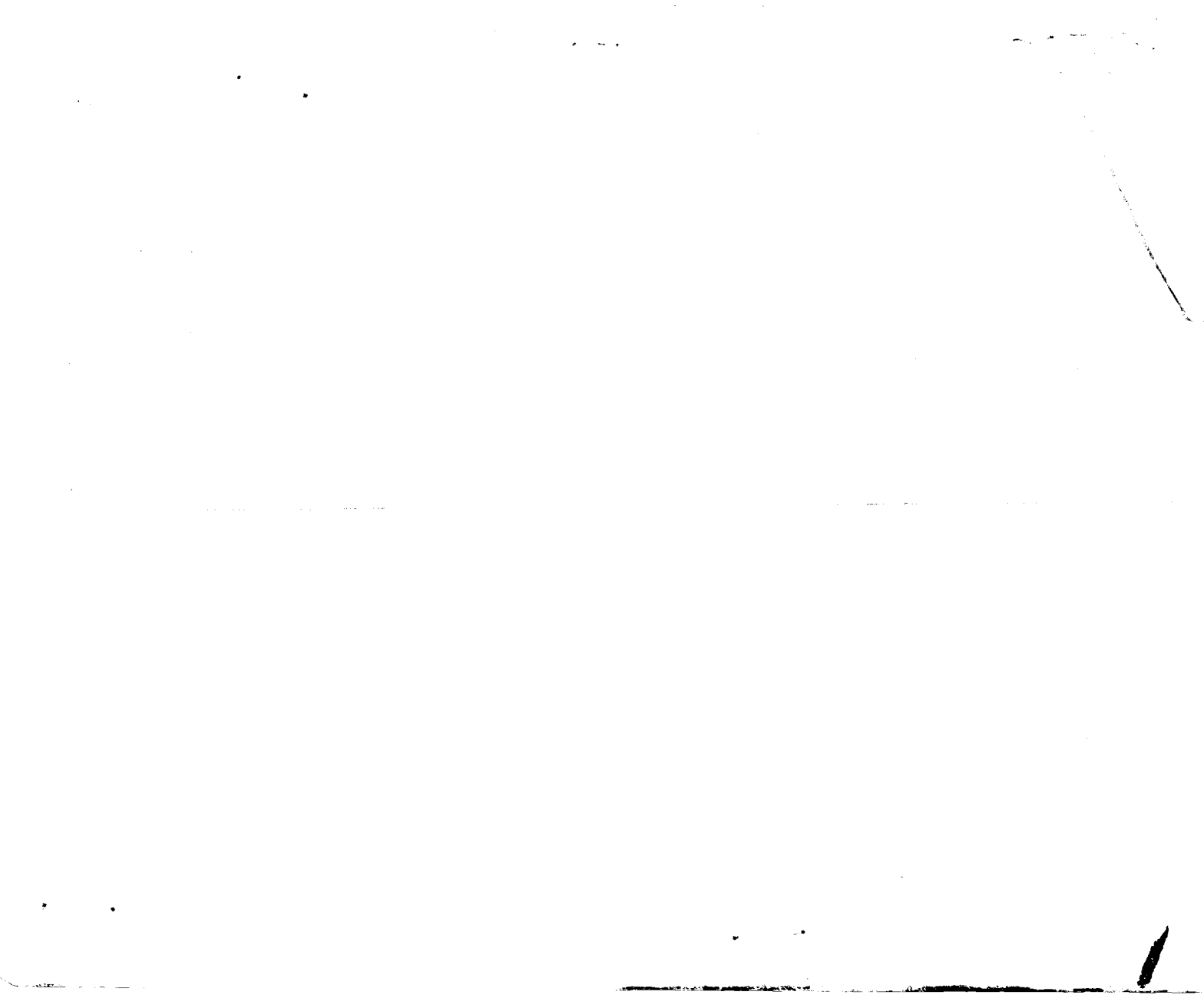
(Signed) David Griffiths Davis M. D.

or _____, Midwife

Address Malad Idaho R. F. D. 1

Filed Dec, 1935

Registrar.



STATE OF IDAHO)
 SS
COUNTY OF ONEIDA)

Elizabeth Waldron, Mary W. Jenkins and

Samuel W. Davis, of Samaria, Oneida County, State of Idaho;

being first duly sworn depose and say; they are Citizens of the United States and residents of Oneida County, Idaho; That they are well acquainted with one David Griffiths Davis now required to prove the date and place of his birth and whose residence at this time is Malad R.F.D.No.1 Oneida County, State of Idaho; That we have been residents of Oneida County, Idaho for the past last Sixty years and have lived in the town of Samaria, Oneida County, State of Idaho; That we were also well acquainted with the parents of aforesaid David Griffiths Davis, whose names were David Price Davis and wife Elizabeth Davis, who emigrated to this county in the early days from South Wales and North Wales, England; that we also know of our own knowledge that the said parents of said David Griffiths Davis were residents, citizens and Tax payers of Oneida County, Idaho, living at or nearby the town of Samaria, Oneida County, Idaho, at the time of the birth of said David Griffiths Davis, and that we know of our own personal knowledge that said David Griffiths Davis was born in the said Town of Samaria, Oneida County, Idaho, and we know this from the fact that we were living in said Samaria or nearby at the time of his birth, and knew his said parents in 1882 the year of the birth of said David Griffiths Davis, and at different times visited with the parents of said David Griffiths Davis, and know of our own knowledge that said David Griffiths Davis was born in the town of Samaria, Oneida County, State of Idaho in the year 1882 in the Month of August of that year; That to further verify the date of birth of said David Griffiths Davis; one of the affiants hereto Elizabeth Waldron, had a son born at Samaria, Oneida County, Idaho, on the same date as the birth of said David Griffiths Davis, and by reason of this knowledge knows that said David Griffiths Davis was born in the town of Samaria, Oneida County, Idaho, on the 24th. day of August 1882; and that the other affainats hereto also know these above said facts and know that they are true and correct, and that said David Griffiths Davis was born on August 24th. 1882 in the town of Samaria, Oneida County, Idaho, and that the Parents of said David Griffiths Davis were citizens of the United States of America at that time; or had declared their intention to become citizens and were the early pioneers of this the Malad Valley in said Oneida County, State of Idaho, along with the undersigned also some of the early pioneers of this Oneida County, Idaho.

Signed in the presence of;

Nathaniel Waldron
Ruth Jenkins

Elizabeth Waldron
Mary W. Jenkins
Samuel W. Davis

Subscribed and sworn to before me this the 12th. day of December 1935.

J. H. Fredrickson
Notary Public for Idaho residing at Malad
Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 162-2311019-863
PLACE OF BIRTH

County of County of Custer
City of Challis
No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 18 1935 RECEIVED
CERTIFICATE OF BIRTH

238767

Registration District No. 76 108 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2186 Local Registrar's No. 2446310

2. FULL NAME OF CHILD Mabel Jose

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct 31 1882
5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER Thomas Jose
10. Residence (usual place of abode) Challis
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday _____ (years)
13. Birthplace (city or place) Australia
(State or Country) Tasmania

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Margaret Holleran

19. Residence (usual place of abode) Challis
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 25 (years)
22. Birthplace (city or place) Ireland
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 29 years
25. Date (month and year) last engaged in this work June 6, 1919 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Margaret Paul, _____, Midwife

Address Arco, Idaho

Filed Dec 18, 1935 Rose Nowacki

Registrar.

Edna M. Kenney

Hallgren

BOTH
DELAYED

Dup of 1082-175532

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 243-115-020-249
PLACE OF BIRTH
County of Elmore
City of Atlanta
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257520
257520

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Herbert Burr Butler

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept. 15</u> <u>1882</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term. _____		

9. Full name FATHER
George Edmund Butler
10. Residence (usual place of abode)
(If non-resident, give place and State) Atlanta
11. Color or race W | 12. Age at last birthday 30 (years)

18. Full maiden name MOTHER
Elida Corintha Smith
19. Residence (usual place of abode)
(If non-resident, give place and State) Atlanta
20. Color or race W | 21. Age at last birthday 30 (years)

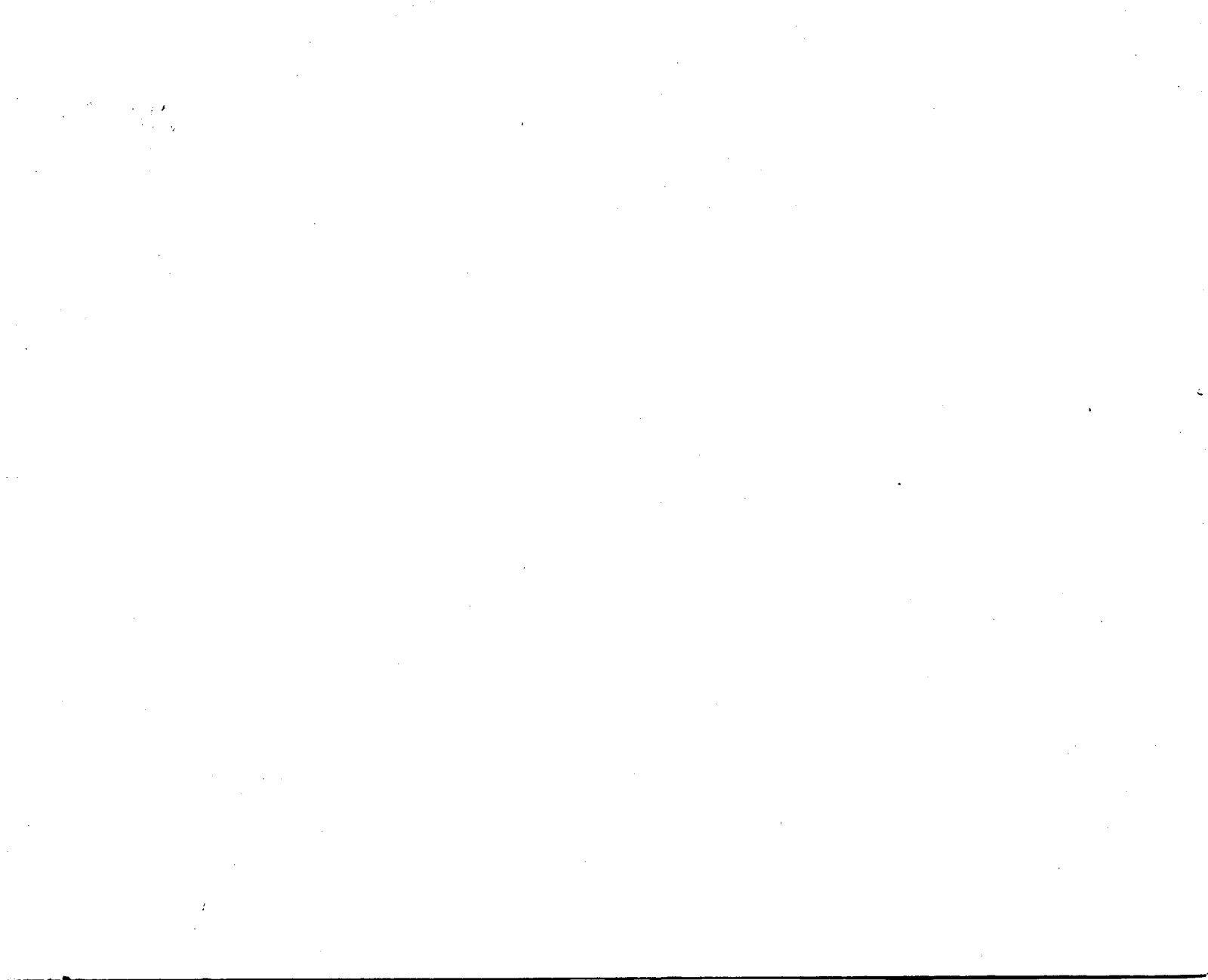
13. Birthplace (city or place)
(State or Country) Illinois
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. _____
15. Industry or business in which
work was done, as silk mill, Farmer
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work _____
17. Total time (years) spent
in this work _____

22. Birthplace (city or place)
(State or Country) Alba
Missouri
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. _____
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Housewife
25. Date (month and year)
last engaged in this work _____
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living. _____ (b) Born alive but now dead. _____ (c) Stillborn. _____
29. If stillborn, period of gestation. _____ { months or weeks
30. Cause of stillbirth. _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
Give name added from a supplemental report. _____
(Date of) _____
Registrar. _____
(Signed) Effie Gray Cousin M.D.
or _____ Midwife
Address 1601 Denver, Boise, Idaho
Subscribed and sworn to before me this 18th day of 1937
Pearl Dillingham Registrar.



WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

A632-231029 632

1. PLACE OF BIRTH
County of IDAHO
City of Moscow
No. _____ St. _____

(If born in hospital or institution give name.)

OCT 8 1937

STATE OF IDAHO,
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259555

259555

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ANNIE Belle Olsen

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ 7. Legitimate? Yes 8. Date of birth 10/31/1882 193. _____ (Month, Day, Year)

9. Full name FATHER HOWARD Olsen

18. Full maiden name MOTHER Olive ONSRUD Olsen

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow IDH

19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, IDAHO

11. Color or race W 12. Age at last birthday 29 1/2 (years)

20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or country) Norway

22. Birthplace (city or place) (State or country) NORWAY

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. OWN STORE

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

16. Date (month and year) last engaged in this work 4-22-84 10/31/882 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work 4-22-84 10/31/882 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) First (a) Born alive and now living One (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation. _____ } months or weeks 30. Cause of stillbirth. _____ } Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Anderson, M. D.

Give name added from a supplemental report. _____

or Mrs. Cow Idaho, Midwife

(Date of)

Address _____

Filed OCT 20 1937, 193. _____

Registrar.

Registrar.

Mrs. Amy Hopkins Blaine Wash.

Mrs. Mabel Guinness Blaine Wash.

Mrs & Mrs William Hoyt 637 W. 34th St Los Angeles Calif.

Attorney R. M. Rice, Vancouver, Wash.

Mrs. Clara E. Meyers, Vancouver, Wash.

Mrs Mrs J. A. Howard, Vancouver, Wash.

The above are individuals who can verify actual birth
and lifetime residence in Idaho and Washington.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington

County of King

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amos Floyd Olsen

being first duly sworn says that

he is the Brother of Anne Belle Olsen
(Relationship of child)*

born October 31st 1882 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Anne Belle Olsen

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Reeder M. D. was the
medical attendant at the birth of said Anne Belle Olsen Midwife and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant Amos F. Olsen

P. O. Address 7048 - 17th N.E. Seattle, Wash.

Subscribed and sworn to before me this 13th day of October, 1937

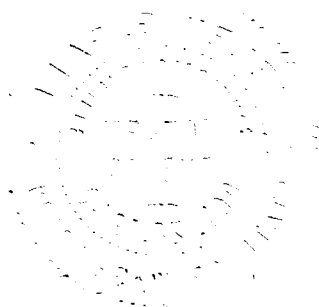
Helwig G. Park

Notary Public.

Residing at Seattle Washington, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 17 1947



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

799-116-001-653
261546

1. PLACE OF BIRTH
County of Ada
City of Middleton
No. _____ St. _____

Registration District No. _____ State File No. 261546

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD J. Frank Griggs. Born Jan 16-1882

3. Sex	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? _____	8. Date of birth <u>Jan 16-1882</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Elliott Griggs</u>	FATHER	18. Full maiden name <u>Lou Ann Welch</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Middleton</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>49</u> (years)
13. Birthplace (city or place) (State or Country) <u>Illinois</u>		22. Birthplace (city or place) (State or Country) <u>Illinois</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>housewife</u>	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) /
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

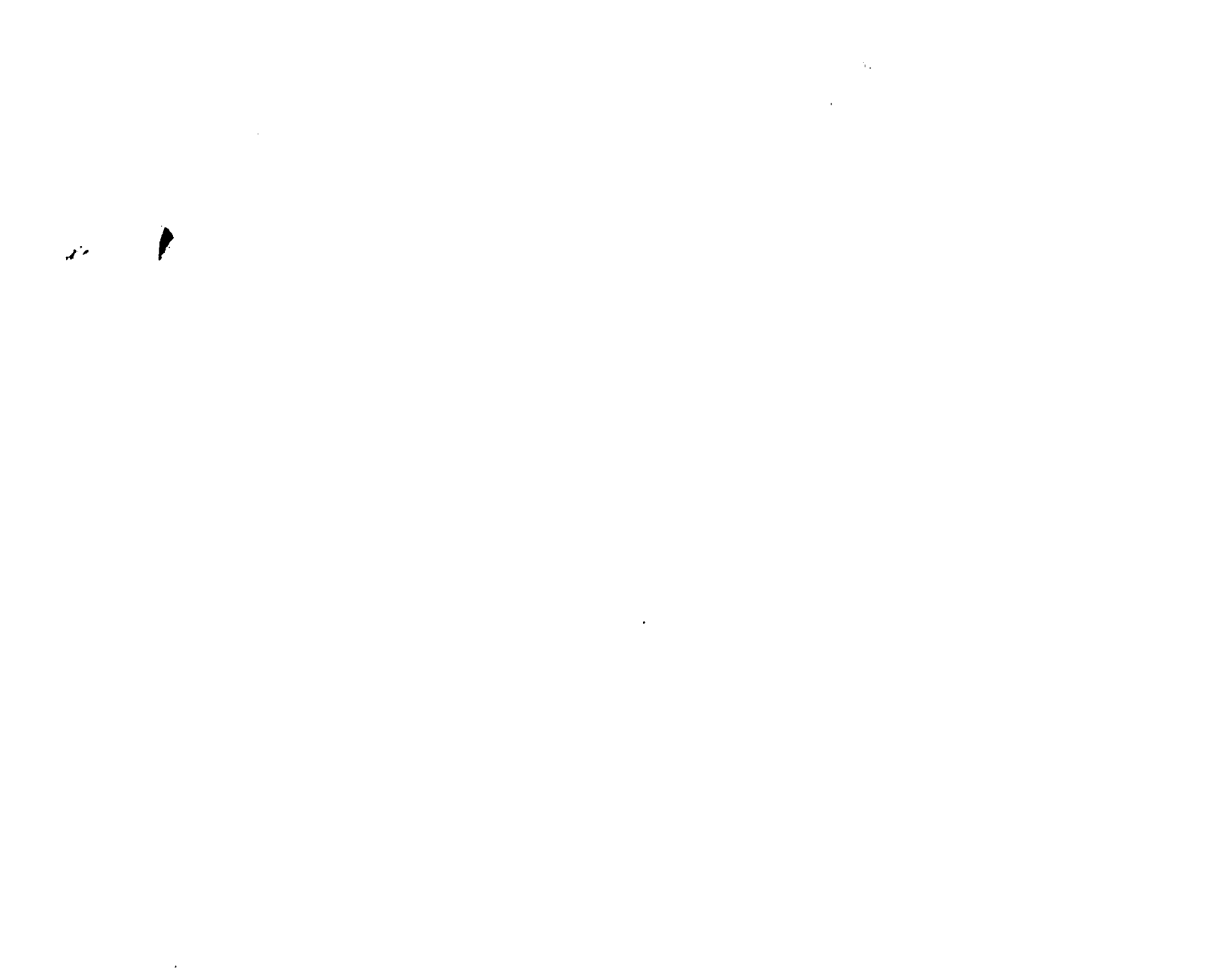
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Lou Ann Griggs McClaran mother
or _____ Midwife
Address Boise Idaho Route 2
Filed _____ this 1936 day of Jan, 1938
Registrar. Pearl Dillingham

Registrar.

JAN 7 1938



238-231035-235

768852

1. PLACE OF BIRTH
County of May Place
City of Lewiston
No. Main St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1009 State File No. 268882
(If born in hospital or institution give name.) AUG 10 1898 Primary Registration District No. 96 Local Registrar's No. 1009

2. FULL NAME OF CHILD Lillie Christina Schutte

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____
6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth July 31, 1892
(Month, Day, Year)

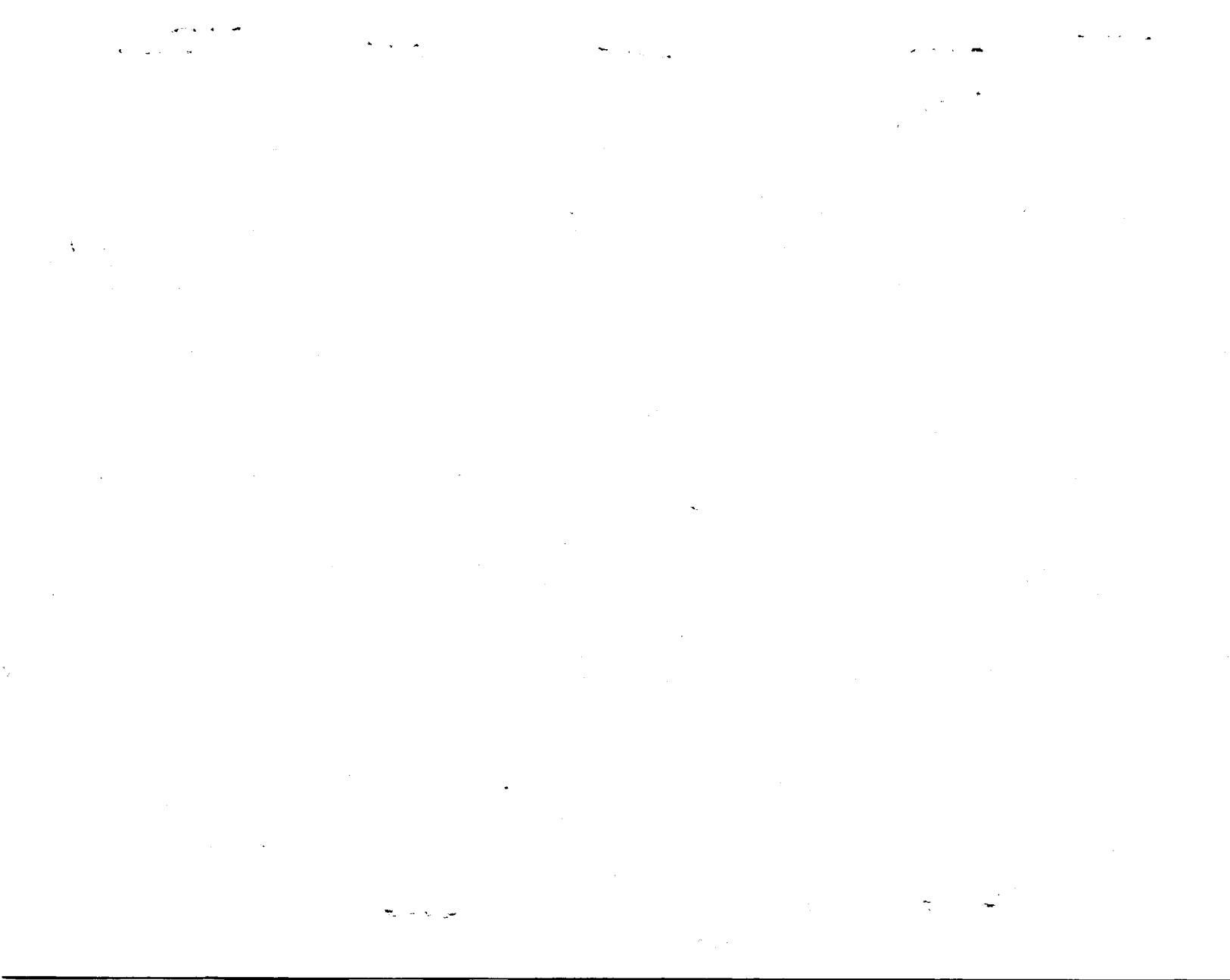
9. Full name FATHER John Henry Schutte
10. Residence (usual place of abode) Lewiston
(If non-resident, give place and State) Id
11. Color or race. W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Germany
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work. _____, 19____

18. Full maiden name MOTHER Lavina Jane Stevens
19. Residence (usual place of abode) Lewiston
(If non-resident, give place and State) Id
20. Color or race. W 21. Age at last birthday 30 (years)
22. Birthplace (city or place) England
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work. _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn _____
29. If stillborn, period of gestation _____ } months or weeks 30. Cause of Stillbirth _____ } During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar. July 14, 1938 Registrar. M. D.



A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Nez Perce)

Lillie Thiesse ., being first duly sworn upon oath deposes and says; that she had knowledge of the birth of Lillie Christena Schutte on July 31, 1882; that the attached birth certificate is correct in every detail.

Lillie Thiesse

Subscribed and sworn to before me this 14th day of July, 1938.

Philip Heingerber.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

.

We, the undersigned, had knowledge of the birth of the above mentioned person at the above mentioned time.

Barnes Conley

Subscribed and sworn to before me this 14th day of July, 1938.

Philip Heingerber.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
By L. D. Kurth
deputy

1. PLACE OF BIRTH A464-205
 County of My Perse 035-464
 City of Summit
 No. Four St. on Four

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Nyda Amanda Mounce

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
 6. Premature _____ Full term yes
 7. Legitimate? yes
 8. Date of birth Feb 5 1882
 (Month, Day, Year)

9. Full name FATHER Jasper Newton Mounce10. Residence (usual place of abode) (If non-resident, give place and State) Idaho11. Color or race White 12. Age at last birthday 26 (years)13. Birthplace (city or place) (State or Country) Lynn Co. Iowa14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work three years18. Full maiden name MOTHER Margaret Emma Mounce19. Residence (usual place of abode) (If non-resident, give place and State) Idaho20. Color or race _____ 21. Age at last birthday 20 (years)22. Birthplace (city or place) (State or Country) Lynn County Iowa23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. life time25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work three years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) two
 (a) Born alive and now living two (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ }

30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from Mary E Mounce
 a supplemental report _____
 (Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed FEB 27 1930

Registrar.

Registrar.



A F F I D A V I T

Mary E. Mounce, being first duly sworn upon oath
deposes and says; that she is the cousin of Nyda A. Mounce
that she was born at farm in Nezperce County,
Idaho, Feb 5, 1882.

Mary, E. Mounce

Subscribed and sworn to before me this 21 day of February
1939.

W. L. Carmichael

1. A249-228 001-698
PLACE OF BIRTH

County of _____
City of Boise
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279 593
279593

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD HANNAH MAY SMITH

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Mar. 28</u> , 1882 (Month, Day, Year)
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9. Full name <u>George William Smith</u>	FATHER	18. Full maiden name <u>Ella Frye Smith</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>24</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Peoria, Illinois</u>	22. Birthplace (city or place) (State or Country) <u>Ottawa, Illinois</u>
--	--

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>All time</u> , 19____		17. Total time (years) spent in this work <u>All time</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of Stillbirth _____ { During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____

(Date of)

Registrar.

(Born Alive or Stillborn)
(Signed) [Signature], Uncle, Midwife

Address _____

Filed May, 1937

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Ira A. Smith being first duly sworn says that
is the uncle of Hannah May Smith
(Relationship of child)*
born March 28, 1882 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Hannah May Smith

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs. Miranda Perron ~~was~~ was the
Midwife
medical attendant at the birth of said Hannah May Smith and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant X Ira A. Smith

P. O. Address Boise, Idaho

Subscribed and sworn to before me this 25 day of May, 1939.

W. W. Howell
Notary Public.
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1870

...FAMILY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

791-225-036-845
1. PLACE OF BIRTH
County of Oreida
City of Oxford
No. _____ St. _____

AUG 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 282968

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ellen Pratt

3. Sex _____ If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? yes 8. Date of birth Dec. 25, 1882 (Month, Day, Year)

9. Full name George Chadwic Pratt FATHER
10. Residence (usual place of abode) Oxford, Ida.
(If non-resident give place and State)
11. Color or race white 12. Age at last birthday 42 (years)
13. Birthplace (city or place) New York City
(State or Country) N.Y.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Oct, 1912
17. Total time (years) spent in this work 40

18. Full maiden name Olive Isabell Hunt MOTHER
19. Residence (usual place of abode) Oxford, Ida.
(If non-resident give place and State)
20. Color or race white 21. Age at last birthday 28 (years)
22. Birthplace (city or place) San Bernardino
(State or Country) Calif.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
seven (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

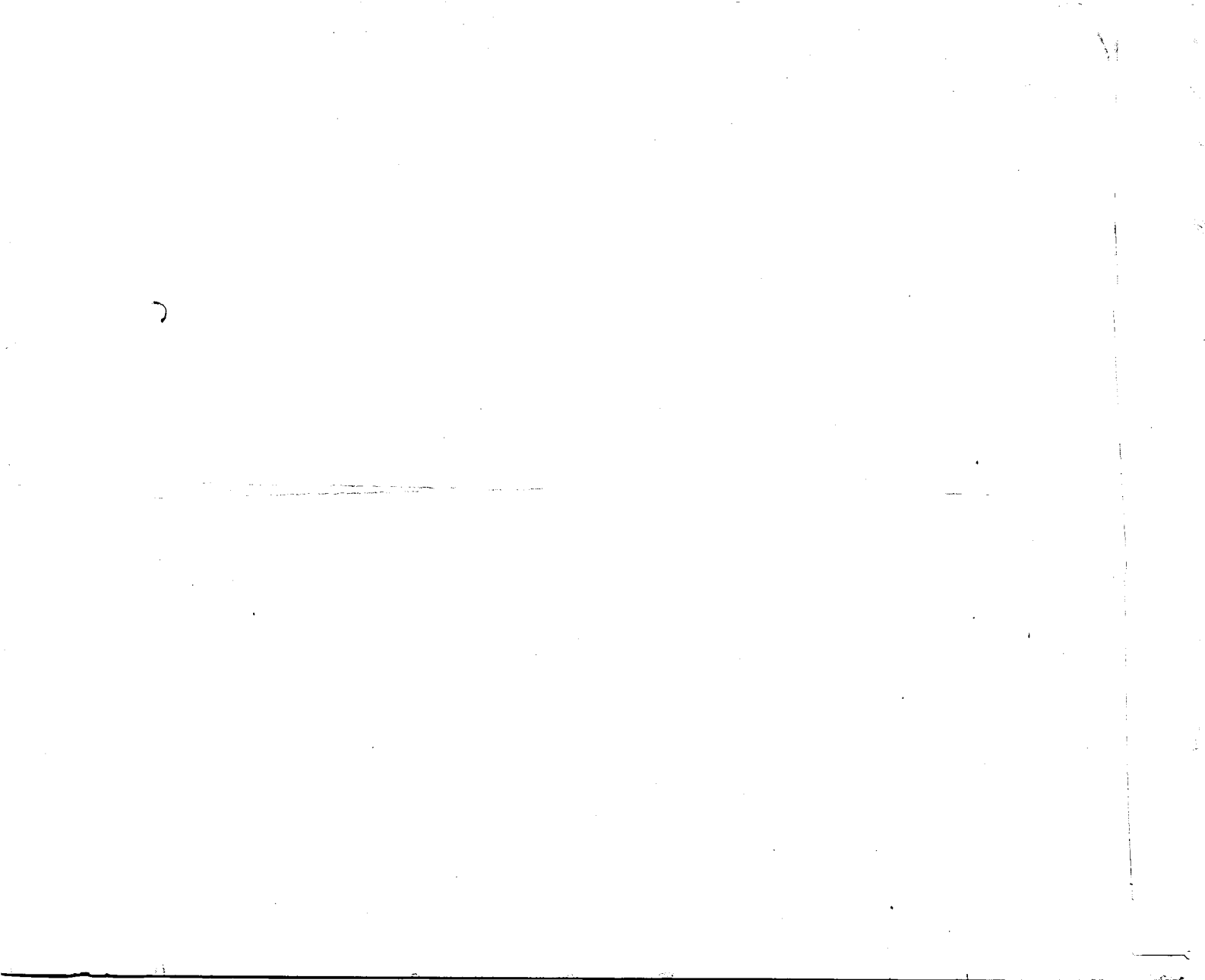
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Oliver S. Pratt, mother, M.D.
or _____ Midwife
Address Downey, Idaho
Filed AUG 14 1939, 193____

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that
is the daughter of Oliver Isabell Hunt Pratt
(Relationship of child)*
born Dec. 25-1882 at Cody Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Ellen Pratt Chester desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ellen Pratt Chester

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Cecilia Coffin M. D. was the
medical attendant at the birth of said Ellen Pratt Chester Midwife
the said medical attendant is _____ and that

(Now deceased (or) cannot be located)

Name of Affiant Oliver L. Pratt

P. O. Address Downers, Idaho

Subscribed and sworn to before me this 11 day of Aug, 1937

Lucien C. Chester By Edw. J. Gorton Deputy
Notary Public.

Clerk of District Court
Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
A396-18 010-396
PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. Idaho Falls
Registration District No. 430 State File No. 286618
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No. 318
2. FULL NAME OF CHILD Sarah Ann
3. Sex F **If plural births** { **4. Twin, triplet, or other.** **5. Number, in order of birth.** **6. Premature.** **7. Legitimate?** **8. Date of birth.** Aug. 18, 1882
(Month, Day, Year)
9. Full name Joseph Hiram **FATHER** **18. Full maiden name** Era Helena **MOTHER**
Crohall Crohall
10. Residence (usual place of abode) Idaho Falls Idaho **19. Residence (usual place of abode)** Idaho Falls Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race. W **12. Age at last birthday.** 26 (years) **20. Color or race.** W **21. Age at last birthday.** 16 (years)
13. Birthplace (city or place) England **22. Birthplace (city or place)** Provo Utah
(State or Country) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer **23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.** Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. any place **24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.** own home
16. Date (month and year) last engaged in this work 1882 **17. Total time (years) spent in this work** — **25. Date (month and year) last engaged in this work** Aug 1882 **26. Total time (years) spent in this work** 1
27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation. { months or weeks **30. Cause of Stillbirth** { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Nov. 25, 1939 Myrtle C. Powell
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of _____ } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
Eva Helena Crotall Hubbard
she is the mother of Sarah Ann Crotall
(Relationship of child)*
born August 18- 1882 at Idaho Falls, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Sarah Ann
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Deceased M. D. was the
medical attendant at the birth of said Sarah Ann Midwife
and that
the said medical attendant is _____
(Now deceased (or) cannot be located)

Name of Affiant Eva Helena Crotall Hubbard
P. O. Address Shoshone, Idaho
Subscribed and sworn to before me this 18th day of November, 1939

W. Hansen
Notary Public.
Residing at Shoshone, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7.11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

235221044-546
1. PLACE OF BIRTH
County of Washington
City of Salubria
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 288949
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edith Ellen Stewart

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Jan. 21, 1882</u> (Month, Day, Year)
-------------------------	--	---------------------------------------	--------------------------------	--

9. Full name FATHER
Robert George Stewart
10. Residence (usual place of abode)
(If non-resident, give place and State) Salubria, Ida.
11. Color or race W | 12. Age at last birthday 33 (years)
13. Birthplace (city or place) Edinburgh,
(State or Country) Scotland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Annie Edwards
19. Residence (usual place of abode)
(If non-resident, give place and State) Salubria, Ida.
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) _____
(State or Country) England

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 3. (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11:45 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

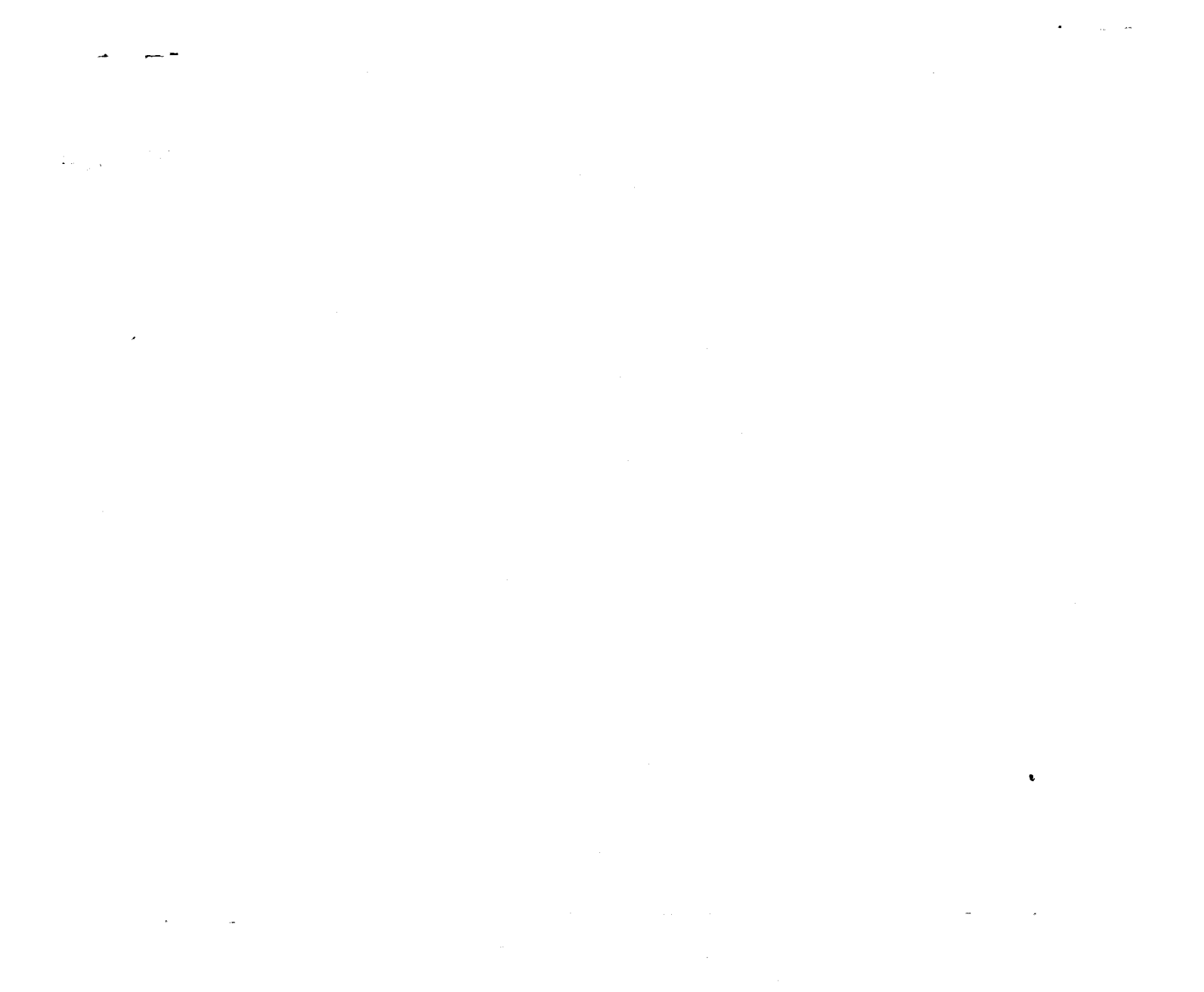
(Signed) Annie Stewart, Mother, M.D.

or _____, Midwife

Address 1410 Harding Ave., National City, Calif.

Filed Feb. 15, _____, 19340 Ma E. G. Atwood

Registrar.



AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD

Full name of child Edith Ellen Stewart
Date of birth January 21 1888 At 11:45 ^{A. M.} ~~P. M.~~ Sex female
Place of birth Salubria, Idaho

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S FATHER

Full name of father Robert George Stewart
Residence at child's birth Salubria, Idaho
Age at child's birth 33 years. Color or race white
Birthplace Edinburgh, Scotland
Occupation at child's birth Salubria, Idaho Farmer

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S MOTHER

Full maiden name of mother Annie Edwards
Residence at child's birth Salubria, Idaho
Age at child's birth 20 years. Color or race white
Birthplace England
Occupation at child's birth Housewife

This is the third child born to this mother.

Including this child, there were then three children of this mother living.

I hereby certify that I am the Father of the above-mentioned child and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a ~~native~~ citizen of United States, a citizen through naturalization of Marriage
(Cross out words that do not apply)

Annie Stewart
Affiant

Subscribed and sworn to before me this 1st day of October 1935
Address 1419 Harding Ave., National City, California

John Williams
Notary Public in and for the County of San Diego, State of California.

I hereby certify that I attended at the birth of the above-mentioned child in the capacity of being the _____ and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a native citizen of _____, a citizen through naturalization of _____
(Cross out words that do not apply)

Affiant

Subscribed and sworn to before me this _____ day of _____ Address _____

Address

Notary Public in and for the County of _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of ill-health than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. *A919 202-235-266*
PLACE OF BIRTH
County of Nez Perce
City of Mount Idaho
No. _____ St. _____

RECEIVED

APR 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291143

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leslie Ada Rainey

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>--</u> 5. Number, in order of birth <u>3</u>	6. Premature <u>Yes</u> Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>June 2, 1892</u> (Month, Day, Year)
-------------------------	--	---	---------------------------	--

9. Full name FATHER
John William Rainey
10. Residence (usual place of abode)
(If non-resident, give place and State) Mt. Idaho
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place)
(State or Country) State of Georgia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assessor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work 5 years

18. Full maiden name MOTHER
Lynn Annette Bowers
19. Residence (usual place of abode)
(If non-resident, give place and State) Mt. Idaho
20. Color or race White | 21. Age at last birthday 24 (years)
22. Birthplace (city or place)
(State or Country) Portland Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation --- { months or weeks
30. Cause of stillbirth --- { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Apr. 3, 1940 Mae L. Atwood
Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

APR 3 1940

State of WashingtonCounty of Lewis

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lynn A. Schafer

being first duly sworn says that

she is the mother of Leslie Ada Rainey
(Relationship of child)*born June 2, 1882 at Mount Idaho, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leslie Ada Raineyhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that John Morris, M. D. was the Midwife medical attendant at the birth of said Leslie Ada Rainey and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Lynn A. SchaferP. O. Address R. F. D. #2, Chehalis, WashingtonSubscribed and sworn to before me this 30 day of March, 1940

Notary Public.

Residing at Chehalis, Washington, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 15 1942

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

MARGIN RESERVED FOR BINDING

1. PLACE OF BIRTH County of <u>Nev. Perce</u> City of <u>Idaho Falls</u> No. <u>314-204 035 619</u> St. (If born in hospital or institution give name.)		RECEIVED MAY 18 1940		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>221</u> State File No. <u>293319</u> Prim. Registration District No. Local Registrar's No.	
2. FULL NAME OF CHILD <u>Mary Isabelle Cameron</u>					
3. Sex <u>female</u> { If plural births		4. Twin, triplet, or other		6. Premature	
5. Number, in order of birth		Full term <input checked="" type="checkbox"/>		7. Legitimate? <u>yes</u>	
8. Date of birth <u>July 4-1882</u> (Month, Day, Year)					
9. Full name FATHER <u>Edward Worth Cameron</u>			18. Full maiden name MOTHER <u>Mary Ann Warner</u>		
10. Residence (usual place of abode) <u>Lewiston Idaho</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Lewiston Idaho</u> (If non-resident, give place and State)		
11. Color or race			12. Age at last birthday <u>22</u> (years)		
20. Color or race <u>white</u>			21. Age at last birthday <u>30</u> (years)		
13. Birthplace (city or place) <u>Fredericksburg New York</u> (State or country)			22. Birthplace (city or place) <u>Ontario Canada</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheriff</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>neg Perce County</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year) last engaged in this work <u>February 1886</u>			25. Date (month and year) last engaged in this work <u>June 1889</u>		
17. Total time (years) spent in this work <u>16 years</u>			26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>not known</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>21</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>None</u>					
29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor. During labor. }					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Idaho Falls m. on the date above stated.

When there was no attending physician or midwife, then the father, mother, etc., should make this return.

Give name added to a supplemental report.

(Signed) Mary A. Rodds, mother, M.D.

or Mary A. Cameron Midwife

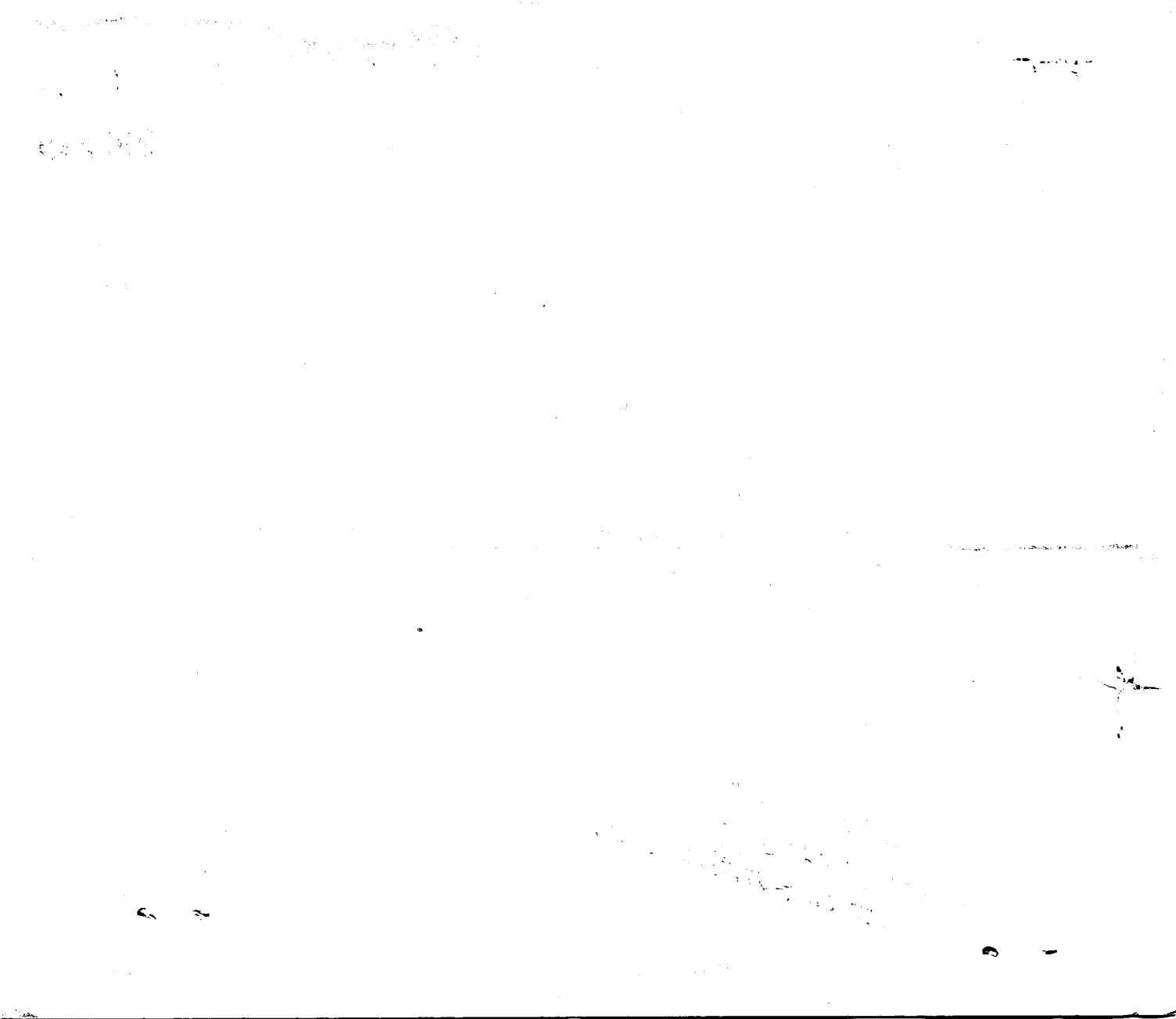
120 Montell St. Oakland Calif

May 16, 1940

Max B. M. Quinn

Registrar.

WM. W. BRADLEY, NOTARY PUBLIC
THE COUNTY OF ALAMEDA, STATE OF CALIFORNIA
MY COMMISSION EXPIRES DEC. 2, 1941



STATE OF IDAHO

293319

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 18 1940

AFFIDAVIT

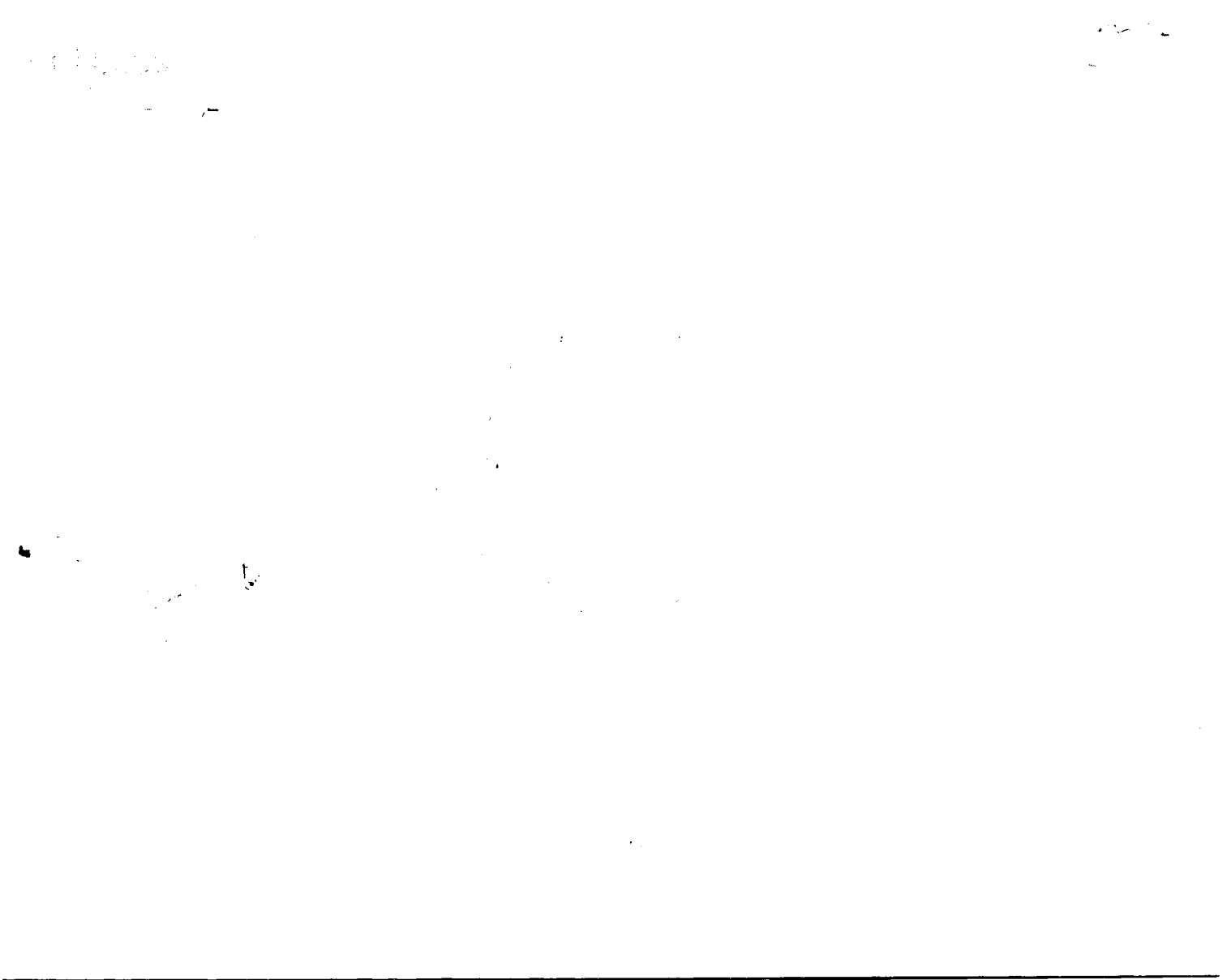
State of California }
County of Alameda } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ann Rodds formerly Mary Ann Cameron being first duly sworn says that
she is the mother of Mary Isabelle Bramwell
(Relationship of child)*born July 4 - 1882 at Cameron, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that Mary Ann Rodds desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Isabelle (Cameron) Bramwellhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that Dr. Schreff M. D. was the
medical attendant at the birth of said Mary Isabelle (Cameron) Bramwell Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)Name of Affiant Mary A. RoddsP. O. Address 13 Montell St. Oakland, Calif.Subscribed and sworn to before me this 4th day of April, 1940E. C. Meeker
Notary Public

Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah Co., Idaho.
City of _____
No. 819114 029 613 St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Park Winans Harlow

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Nov 14 1882 (Month, Day, Year)

9. Full name FATHER
Henry Clay Harlow

10. Residence (usual place of abode) Latah Co., Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 44 (years)

13. Birthplace (city or place) Wellington, Missouri
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
Nov 14 1882

17. Total time (years) spent in this work 21 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother
2

(At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

STATE OF IDAHO 294888
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294888

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

18. Full maiden name MOTHER
Amanda Jane Walker

19. Residence (usual place of abode) Latah Co., Idaho
(If non-resident, give place and State)

20. Color or race white 21. Age at last birthday 29 (years)

22. Birthplace (city or place) Springfield, Missouri
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work
Nov 14 1882

26. Total time (years) spent in this work 11 yrs

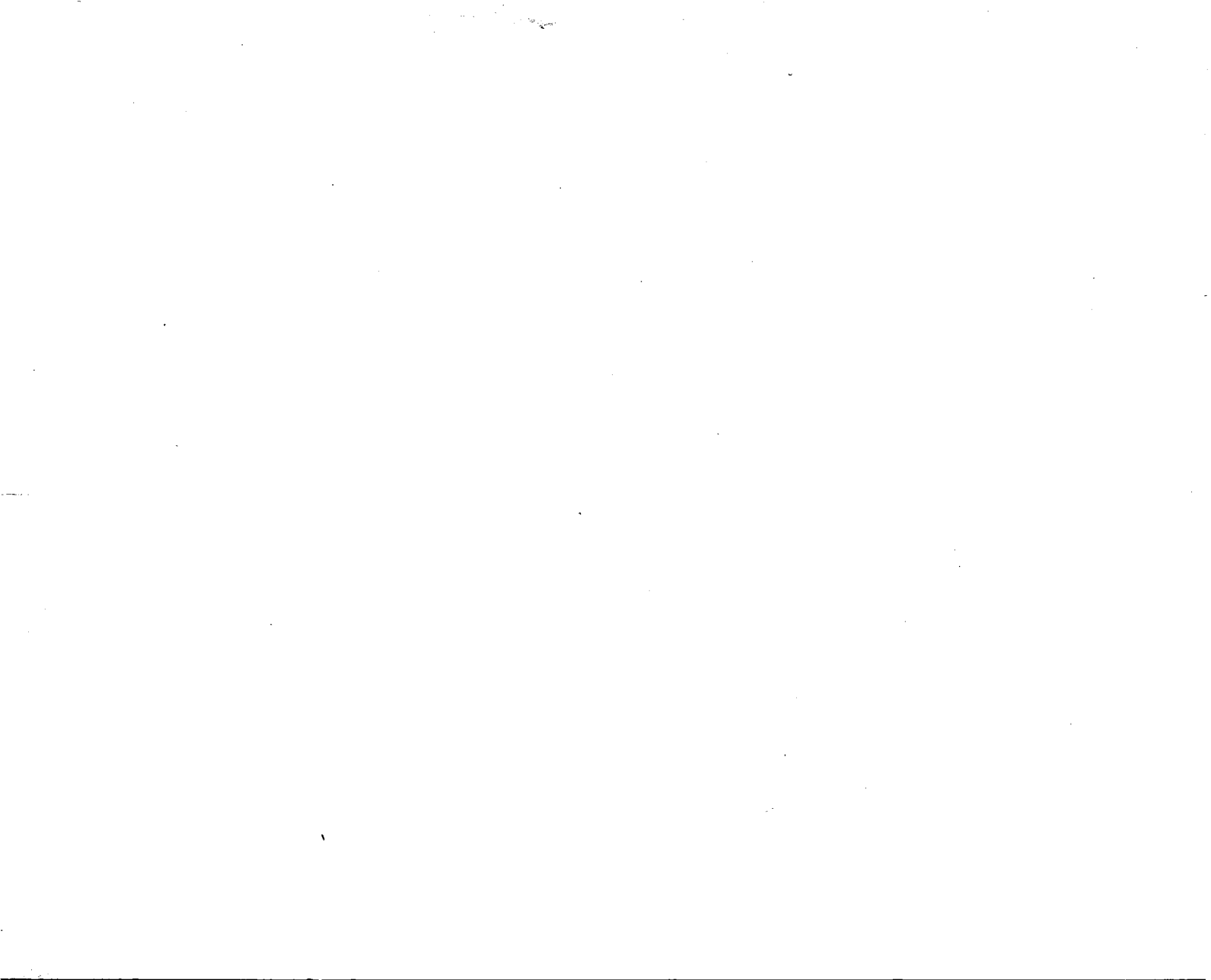
(Signed) _____ M. D.

or Amanda Jane Walker Mother

Address Farmington, Wash.

Filed July, 1940

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294883

State of Washington

County of Whitman

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amenda Jane Harlow being first duly sworn says that

she is the mother of Park Winans Harlow
(Relationship of child)*

born Nov 14 1882 at Latah County, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Park Winans Harlow desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Park Winans Harlow

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr A. F. MacLeod, M. D., was the Midwife

medical attendant at the birth of said Park Winans Harlow and that

the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Amenda Jane Harlow

P. O. Address Farminington, Washington

Subscribed and sworn to before me this 15th day of July, 1940

Andrew E. Hayford
Notary Public.

Residing at Farminington, Wash., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A261-202045-213

296096

1. PLACE OF BIRTH
County of (altured) Blaine
City of Hailey Idaho
No. _____ St.

RECEIVED
MAY 7 1940
JUL 24

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296096

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Missie May Board (Rosemar)

3. Sex F If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 5th 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth Oct 2 1882 (Month, Day, Year)

9. Full name Charles Board FATHER Born Nov 2 1847 Nov 7 1921

10. Residence (usual place of abode) (If non-resident, give place and State) Hailey Ida

11. Color or race white 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Bristol England

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawmill Man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawyer

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) five
(a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

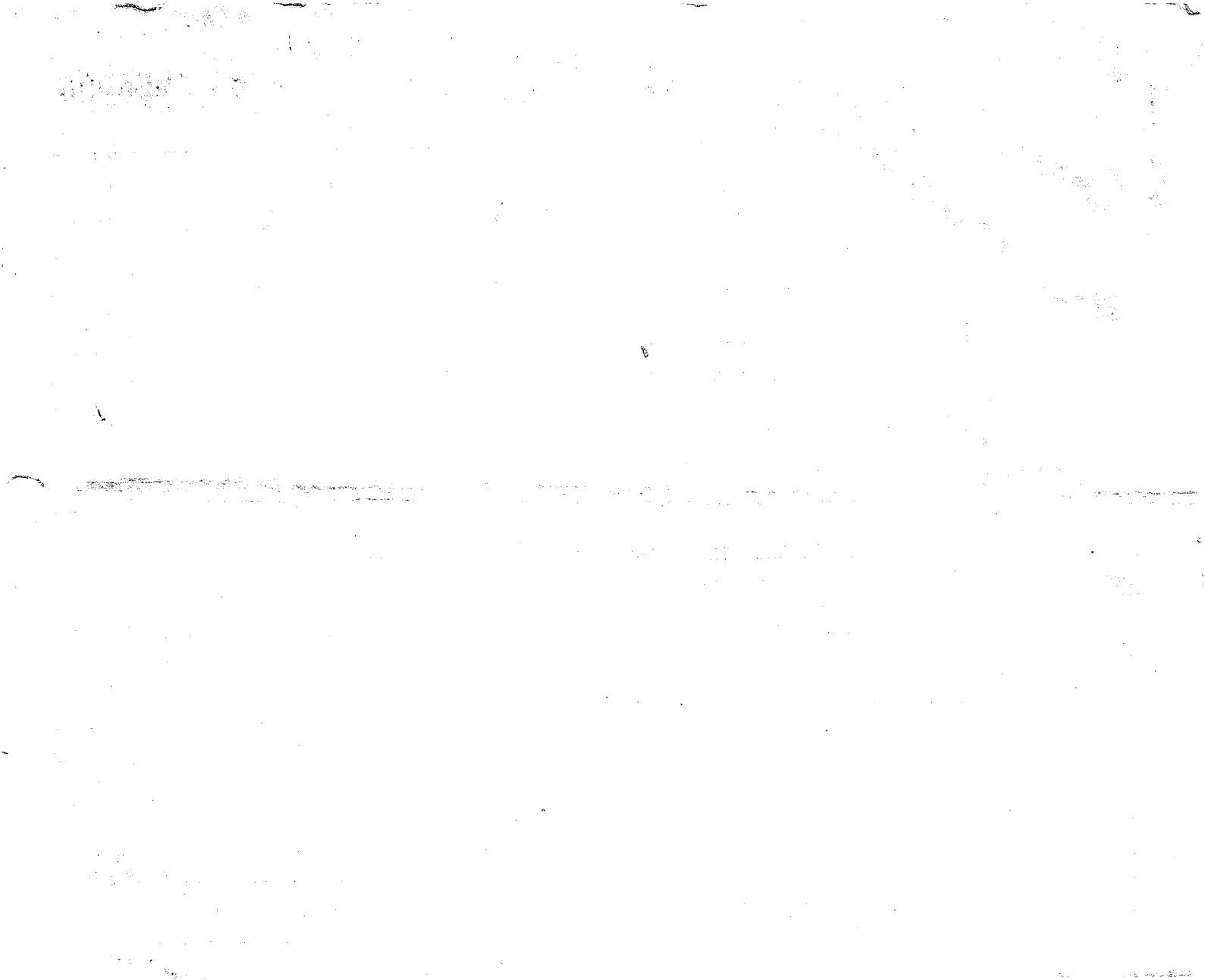
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.
or _____, Midwife

Address _____
Filed July 24 1940 Mae G. Atwood
Registrar

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



STATE OF IDAHO

296096

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

State of Idaho

County of Blaine

JUL 24 1940

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Minnie May Board Rooveau of Glendale being first duly sworn says that
is the daughter of of Charles Board and wife Emily Batten
(Relationship of child)*
born Oct 2nd 1882 baptized April 13 (enter) 1884 in Hailey, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Do not know attending physician or midwife
Minister who baptized was Rev J. J. Osborn hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded. now deceased.

Affiant further states that....., M. D., was the
Midwife

medical attendant at the birth of said..... and that

the said medical attendant is.....
Se. Rev James Osie (Now deceased (or) cannot be located)
incumbent Minister
Hailey

Name of Affiant

P. O. Address

Rev James Osie
Emmanuel Church Hailey Idaho

Subscribed and sworn to before me this 13th day of July, 1940

This is copy of Baptism of above
as recorded in church record at Hailey
Residing at Hailey, Idaho.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Hailey. Emmanuel Episcopal Church page 42. 43.
old record

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 165-1281036-958
PLACE OF BIRTH

County of Oneida
City of Malad
No. _____ St. _____

AUG - 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296300

296300

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD CALEB R. JONES

3. Sex Male	If plural births { 4. Twin, triplet, or other. <u>---</u> 5. Number, in order of birth. _____	6. Premature. <u>---</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Aug. 28</u> 1882 (Month, Day, Year)
-----------------------	---	--	--------------------------------	--

9. Full name FATHER
WILLIAM P. JONES

10. Residence (usual place of abode)
(If non-resident, give place and State) Malad, Idaho

11. Color or race white 12. Age at last birthday _____ (years)

13. Birthplace (city or place) South Wales
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Nine (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation no { months or weeks _____ 30. Cause of Stillbirth { During labor none Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

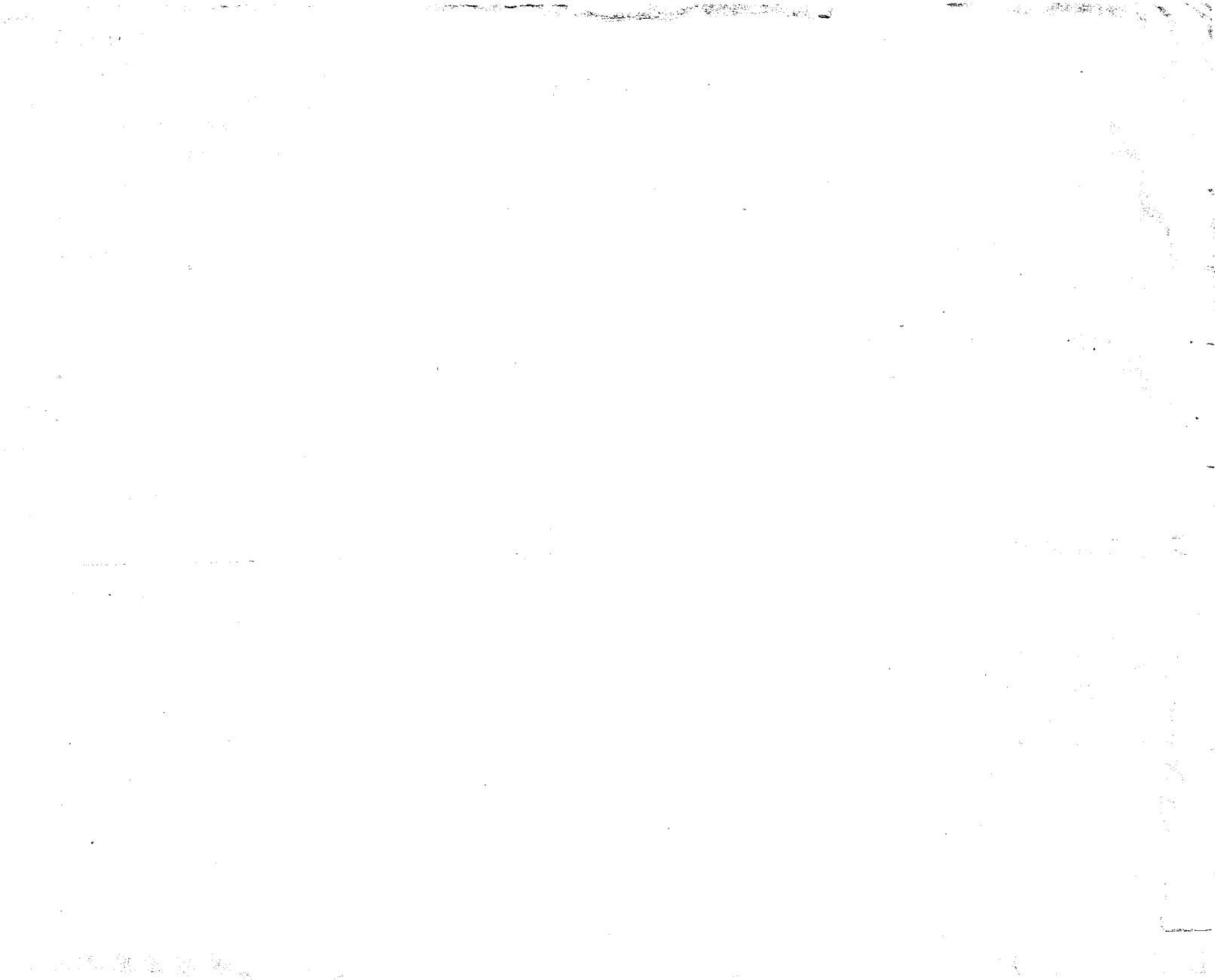
Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug 3 1940 Mae J. Atwood
Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED

State of IDAHO

AUG - 3 1940

County of BANNOCK

ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARTHA JONES EZELL

being first duly sworn says that

she

is the

Sister

of

CALEB R. JONES

(Relationship of child)*

born

August 28, 1882

at

Malad

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said CALEB R. JONES

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Doctor Drake, M. D., was the ~~medical~~ attendant

medical attendant at the birth of said CALEB R. JONES and that the said medical attendant is now deceased

(Now deceased, (or) cannot be located)

Name of Affiant

Martha Jones Ezell

P. O. Address

1014 E. Lewis Pocatello Idaho

Subscribed and sworn to before me this 2nd day of August, 1940

Grace Bistline

Notary Public.

Residing at Pocatello, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N.B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A381-129 036-553
PLACE OF BIRTH
County of Oneida
City of Dayton, Idaho.
No. _____ St. _____

SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298177

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joseph William Chadwick

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term ☒ mate? Yes 8. Date of birth Apr. 29, 1882
(Month, Day, Year)

9. Full name FATHER
Charles Frederick Chadwick

18. Full maiden name MOTHER
Luna Nelson

10. Residence (usual place of abode)
(If non-resident, give place and State) Dayton, Idaho.

19. Residence (usual place of abode)
(If non-resident, give place and State) Dayton, Idaho.

11. Color or race White 12. Age at last birthday 21 (years)

20. Color or race White 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Franklin, Idaho.
(State or Country) U.S.A.

22. Birthplace (city or place) Franklin,
(State or Country) Idaho.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Dayton, Idaho.

16. Date (month and year) last engaged in this work Farming 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work May 1881 26. Total time (years) spent in this work 2 years.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know- probably none.

28. Number of children of this mother (At time of this birth and including this child) One.
One (a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Sep 11, 1940

Mae G. Atwood
Bureau of Vital Statistics

1-2

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Cassia

SEP 11 1940

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Luna Chadwick

being first duly sworn says that

she is the Mother Joseph William Chadwick, deceased
(Relationship of child)*

born Apr. 29, 1882 at Dayton Franklin, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ~~XXXXXXXX~~ Luna Chadwick desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Jane Howell, ~~MS~~ was the Midwife
Joseph William Chadwick
medical attendant at the birth of said and that
the said medical attendant is Now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this 7 day of Sept, 1940

Notary Public.

Residing at Reupert, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. E. In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A363-217-029-244

RECEIVED
SEP 14 1940

298301

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298301

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Idaho
City of Rural
No. _____ St. _____

Registration District No. 201 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1215

2. FULL NAME OF CHILD Cynthia Mable Cole

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept. 17</u> 1882 (Month, Day, Year)
-------------------------	--	--	--------------------------------	--

9. Full name FATHER
Alonzo Cole

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 22 (years)

13. Birthplace (city or place)
(State or Country) Burlington, Iowa

OCCUPATION 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Farm

16. Date (month and year)
last engaged in this work September 17, 1918
17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER
Drucilla Ann Sumpter

19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday Unknown (years)

22. Birthplace (city or place)
(State or Country) Missouri

OCCUPATION 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home

25. Date (month and year)
last engaged in this work September 1918
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) 12

(a) Born alive and now living 7 (b) Born alive but now dead 5 (c) Stillborn _____

29. If stillborn,
period of gestation _____ { months
or weeks

30. Cause of stillbirth _____ { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

Registrar,

(Signed) Dr. McLeod, M. D.

or (deceased) Midwife

Address Farmington, Washington

Filed 9-17-40, 193 Harry E. Enright
Registrar,

272307
STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 14 1940

State of Washington

County of Thurston

ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Irene Lindsay being first duly sworn says that
she is the sister of Cynthia Mable Heron
(Relationship of child)*
born 17th September, 1882 at Latah County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Cynthia Mable Heron desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Cynthia Mable Heron

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Not Known, M. D., was the medical attendant at the birth of said Cynthia Mable Heron and that the said medical attendant is cannot be located

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this 23rd day of August, 19 40

Notary Public.

Residing at Olympia, Washington

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

maiden name Elizabeth J. Harrison

one copy issued 10/31/40

L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Albion
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301674

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Odean Merle Springer

3. Sex _____ If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth 1st Full term X mate? Yes 8. Date of birth Nov 30, 1937
(Month, Day, Year)

9. Full name FATHER Henry Maurice Springer 18. Full maiden name MOTHER Alice Botenberg

10. Residence (usual place of abode) (If non-resident, give place and State) 19. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 77 (years) 20. Color or race White 21. Age at last birthday 77 (years)

13. Birthplace (city or place) (State or Country) 22. Birthplace (city or place) (State or Country) Table Grove Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman - Banker 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 50 yrs 25. Date (month and year) last engaged in this work Feb 1939 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living X (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

Filed November 18, 1937 Mae G. Atwood
bureau of Vital Statistics Registrar.

279-230-016-263

STATE OF ~~IDAH0~~

Nebraska

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of Nebraska
County of Scotts Bluff } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John M. Springer being first duly sworn says that
 he is the Uncle of Odessa Merle Springer (Deering)
 (Relationship of child)*
 born November 30 - 1882 at Albion, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Odessa Merle Springer (Deering) hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the Midwife
 medical attendant at the birth of said _____ and that
 the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant John M. SpringerP. O. Address Mitchell, NebraskaSubscribed and sworn to before me this 5 day of June, 1940

Notary Public.

Residing at Mitchell, Nebr., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

cc - 11-20-40 - mp

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-130 045 493
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 7 1940 CERTIFICATE OF BIRTH
STATE OF IDAHO

303092

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Arizona (b) City Katcham
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
In THIS county 2 years months days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Arizona (b) County Gila
(c) City Globe
(d) Street Address or R.F.D. No. 209 S. Hill St.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Globe, Arizona
3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD ALFRED LEWIS ROBERTS
5. Date of Birth (Month, day, year) Sept 30, 1882
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME LEWIS ALFRED ROBERTS
11. Color White 12. Age at time of THIS birth 31 yrs.
or Race Canadian
13. Birthplace Quebec Canada
(City or town) (State or foreign country)
14. Exact Occupation Hotel Owner
15. Industry or Business Hotel
- MOTHER OF CHILD
16. FULL MAIDEN NAME NELLIE MILLER
17. Color or Race White 18. Age at time of THIS birth 15 years
American
19. Birthplace Burlington Vermont
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A.M. on the date Dec. 7, 1940 and at the place stated above, and that personal particulars were furnished by Mrs. Nellie Roberts, who is related to this child as Mother (First name) (Last name)

26. (a) Dec. 7, 1940 (b) Mae G. Atwood
(Date received) (Registered)
25. Attendant's OWN signature Nellie Roberts and address Globe, Arizona Date 10/18/40
(P.O., telephone, etc.)
27. Given name and address of Registrar Bureau of Vital Statistics (Registrar's signature)

State of Arizona
County of Gila } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Nellie Roberts, being first duly sworn, say that I am related to Alfred Lewis Roberts as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mamie Simpson, who attended said birth, is now dead and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17 day of October, 1940
(SEAL) Nellie Roberts Name
209 South Hill Street, Globe, Arizona P. O. Address
Notary Public, residing at Globe, Gila Co, Arizona
My commission expires July 5, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

4617-203-001-145

C.C. 12-21-40

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

303201

REC 16 1940

County of Ada
City of Boise
No. Rural St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Mary Wagner

3. Sex female If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth 2 6. Premature _____ Full term ✓ 7. Legitimate? ✓ 8. Date of birth July 3, 1882 (Month, Day, Year)

9. Full name Conrad Wagner FATHER

18. Full maiden name Mary Amer MOTHER

10. Residence (usual place of abode) Trenton, Nebraska
(If non-resident, give place and State)

19. Residence (usual place of abode) Trenton, Neb
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 23 (years)

20. Color or race white 21. Age at last birthday 19 (years)

13. Birthplace (city or place) So. Russia
(State or Country)

22. Birthplace (city or place) So. Russia
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. beharer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Section hand

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work June, 1882 17. Total time (years) spent in this work all

25. Date (month and year) last engaged in this work July, 1892 26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of Stillbirth ✓ { During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed Dec 16 1940 Mae G. Atwood

Registrar.

Bureau of Vital Statistics Registrar.

Certified copy issued 12-21-1940 D.P.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

DEC 6 1940

State of CALIFORNIA,
County of STANISLAUS. } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

CONRAD WAGNER

being first duly sworn says that

he is the father of Mary Schauerman, fmly Mary Wagner,
(Relationship of child)* on Snake River, about fifteen
born July 3, 1882 at / miles from Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Schauerman, formerly Mary Wagner,

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that no M. D. was the
medical attendant at the birth of said Mary Wagner (now Schauerman) Midwife
the said medical attendant is ---- and that

(Now deceased (or) cannot be located)

Name of Affiant Conrad Wagner
P. O. Address 416 Washington Ave., Turlock, Calif.

Subscribed and sworn to before me this 6th day of September, 1940.

Albert H. Roden

Notary Public.

Residing at Turlock, Calif. Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

44-10000

(Date of birth) July 3, 1888
 (Relationship of child) Father
 (Name of child) John V. Wilson
 (Address of child) 1500 15th St., Wash. D.C.
 (Address of parent) 1500 15th St., Wash. D.C.

whose certificate of birth is hereby presented, and the same is
recorded under Chapter 188-1987 Session Laws of Idaho; and affiant further states that the facts contained in the within
certificate to have the said birth

[illegible]

between the two houses.

[illegible]

Subscribed and sworn to before me this 30th day of August 1968.

SECRET

1. If the former was injured and the latter was not, the latter is not a member of the same family as the former.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

562-131 001 343

304387

304387

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 711 N. Cor. 5th & State St.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days. Residence
In THIS county 10 years 2 month 2 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Idaho City, Idaho

3. **RESIDENCE of FATHER** (city, state): Idaho City, Idaho

4. **FULL NAME OF CHILD** Harry Baxter Noble

5. Date of Birth
(Month, day, year) July 31 - 1882

6. Sex Male 7. Twin or Triplet _____ If so - born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Baxter Noble
11. Color or Race White 12. Age at time of THIS birth 55 yrs.
13. Birthplace Harrisburg, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Owner & director
15. Industry or Business 1. Mining 2. Farming 3. Merchandise Business

16. **FULL MAIDEN NAME** Harriet Fitch Luckett
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Columbus City, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Jan 10, 1941 (Mother's date received) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

27. Given name address Bureau of Vital Statistics (Registrar's signature)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Naomi W. Dean, being first duly sworn, say that I am acquainted with Harry Baxter Noble as acquaintance (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John L. Stevens (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs Naomi W. Dean Signature
Idaho City, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of January, 1941
(SEAL) M. P. Hart Notary Public, residing at Boise Idaho

Certified copy issued 1-10-1941. D.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354-105-007-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

306217

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County. <u>Blaine</u> (b) City. <u>HALEY</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>at Mrs. Batch's rooms</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>days</u> <u>About 30 days</u> In THIS county. <u>years</u> <u>months</u> <u>days</u>		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs. (f) Mother's mailing address.....	
4. FULL NAME OF CHILD <u>Albert Roland Ledingham</u>		5. Date of Birth <u>Feb. 5-1882</u> (Month, day, year)	
6. Sex. <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>—</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Alexander Ledingham</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Leith Scotland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business <u>Mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Cordingley</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>19</u> years 19. Birthplace <u>Ware Mass.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Homemaker</u> 21. Industry or Business <u>—</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) FEB 8 1941 (b) Clyde A. Bridger
(Date received) (Registral's signature)
27. Given name added on.....by.....
(Registral's signature)

25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of California } ss.
County of Alameda }
I, Martha Ledingham, being first duly sworn, say that I am.....
Albert Roland Ledingham as mother.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mother name forgotten, who attended said birth.....
(Name of attendant at birth)
is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

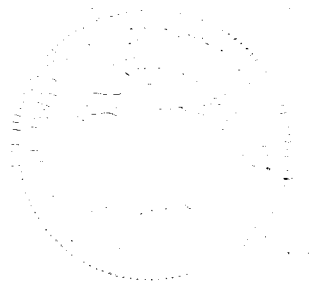
Martha Ann Ledingham Name
1843 103 Ave P. O. Address
31 day of January 1941
Carl E. Boorman Notary Public, residing at Oakland Calif
California

Subscribed and sworn to before me on this.....day of.....
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-227003-713

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **307679**

FEB 21 1941 **CERTIFICATE OF BIRTH**

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD** Jessie Madalene Strong
5. Date of Birth (Month, day, year) Dec 27 1882
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Charles Henry Strong
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Northhampton Mass
(City or town) (State or foreign country)
14. Exact Occupation Steam Shovel Operator
15. Industry or Business _____

16. **FULL MAIDEN NAME** Mary Ellen Galbraith
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Alton Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Edgar A. Bricker (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Kansas
County of Crawford } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Annie G. Strong, being first duly sworn, say that I am related to Jessie Madalene Strong as Stepmother and aunt (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Latham (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

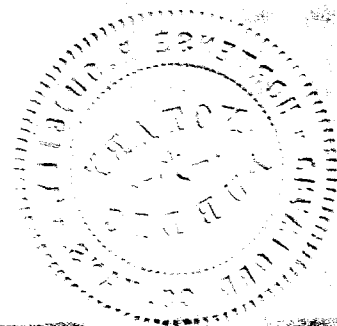
Mrs Annie G. Strong Signature
702 N. Elm, Pittsburg, Kansas. P. O. Address
February 8, 1941.

Subscribed and sworn to before me on this 14th day of February, 1941.
(SEAL) Arthur R. Linsley Notary Public, residing at Pittsburg, Kansas.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **308220**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez. Perce (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home, 3 miles north of Moscow.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez. Perce
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Moscow, Idaho
3. **RESIDENCE OF FATHER** (city Moscow, Idaho)

4. **FULL NAME OF CHILD** Ruth Naylor
5. Date of Birth (Month, day, year) 6/15/1882
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Loyd Naylor
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Washington County, Penns.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rebecca Evaline Allen
17. Color or Race white 18. Age at time of THIS birth 18 years
19. Birthplace Benton County, Oregon
(City or town) (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a).....(Date received) (b) Clyde A. Bridger (Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or (D.O., Midwife, etc.)
and address Date
27. Given name added on.....by.....(Registrar's signature)

State of Nez. Perce }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Owen Allen, being first duly sworn, say that I am related to Ruth Naylor Perkins as Uncle (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5 day of March - 1941

(SEAL)

George Nixon Notary Public, residing at Artesia, N. Mex.
My com. expires Oct. 3-1948

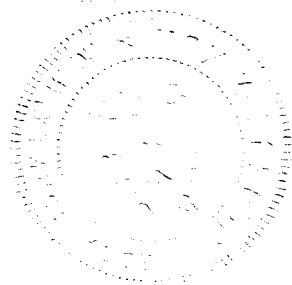
AUG 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/15/41 Z.J.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 24 1941

The information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309412

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH

(a) County.....*Ada*..... (b) City.....*Emmett*.....

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home.....days.

In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State.....*Idaho*..... (b) County.....*Ada*.....

(c) City.....*Emmett*.....

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho?.....*4*.....yrs.

(f) Mother's mailing address.....*Emmett, Idaho*.....

3. RESIDENCE OF FATHER (city, state).....*Emmett, Idaho*.....

4. FULL NAME OF CHILD

Myrtle Ione Greer

5. Date of Birth

(Month, day, year).....*Aug. 28-82*

6. Sex.....

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy.....*9*

9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME

Rollin Dudley Greer

11. Color
or Race.....*white*

12. Age at time
of THIS birth.....*37*.....yrs.

13. Birthplace.....*Salina*

(City or town)

Ohio

(State or foreign country)

14. Exact
Occupation.....*Farmer*

15. Industry or
Business.....

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Luemina Greer

17. Color or
Race.....*white*

18. Age at time of
THIS birth.....*37*.....years

19. Birthplace.....*Pulaski*

(City or town)

Michigan

(State or foreign country)

20. Exact
Occupation.....*Housewife*

21. Industry or
Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child.....*2*..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.)
Unknown
(First name) (Last name)

RECEIVED
MAR 24 1941

26. (a).....
(Date received)

(Mother, etc.)

(b).....
Registrar's signature

25. Attendant's

OWN signature.....

M.D. or.....

(D.O., Midwife, etc.)

27. Given name added on.....by.....

(Registrar's signature)

and address

Date

State of.....*California*.....

ss.

County of.....*Greenfield*.....

I, *E. C. CLEMENT*

MYRTLE IONE GREER

as

UNCLE

RELATED

(Related to (or) acquainted with)

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that.....*THE ATTENDANT*....., who attended

said birth.....*CANNOT BE LOCATED*.....

(Name of attendant at birth)

(Is now deceased (or) cannot be located)

E. C. Clement

Name

Greenfield, Calif

P. O. Address

Subscribed and sworn to before me on this.....*18TH*.....day of.....*MARCH*.....1941

(SEAL)

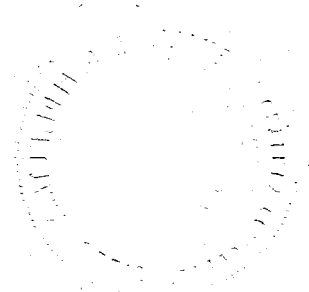
Notary Public, residing at.....*Greenfield, Calif*.....

Commission Expires June 13, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census MAR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309631

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address	
3. RESIDENCE of FATHER (city, state).			

4. FULL NAME OF CHILD <u>Emma Harper</u>		5. Date of Birth (Month, day, year) <u>August 18 1882</u>	
6. Sex	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
			9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Edward Harper</u>	11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>33</u> yrs.	13. Birthplace <u>England</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business	16. FULL MAIDEN NAME <u>Serena Fieldhouse</u>	17. Color or Race <u>white</u>
		18. Age at time of THIS birth <u>29</u> yrs.	19. Birthplace <u>England</u> (City or town) (State or foreign country)
		20. Exact Occupation <u>House wife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>MAR 28 1941</u> (Date received)	(b) <u>Mal F. Elder</u> (Registrar's signature)	25. Attendant's OWN signature _____ and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)		

State of Idaho County of Payette } ss.

I, Edward F. Harper, being first duly sworn, say that I am brother Emma Harper as brother sister (Related to (or) acquainted with) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Miss Sarah Wiley (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 27th day of March 1941
(SEAL) B. J. Lawrence Notary Public, residing at Payette Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

FEB 10 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309743

Local Reg. No.

Reg. Dist. No.

Alturas

1. PLACE OF BIRTH:

(a) County Elmore (b) City Muldoot
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay BEFORE delivery: 6 mo.
~~In Hosp. or Mat. Home~~ in days
In THIS county 0 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Rocky Creek (b) County Cassia
(c) City Idaho
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address 125 E. 5th St. for ant. reg.
3. RESIDENCE of FATHER (city, state): near ant. reg.

4. FULL NAME OF CHILD

Arthur C. Walgamott

5. Date of Birth

(Month, day, year) Sept 27 1922

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Charles S. Walgamott

16. FULL MARRIED NAME

Gertrude Lucinda Walgamott

11. Color or Race

White

12. Age at time of THIS birth

26 yrs.

17. Color or Race

White

18. Age at time of THIS birth

29 yrs.

13. Birthplace

Burmanham Iowa
(City or town) (State or foreign country)

19. Birthplace

W. Ogden Utah
(City or town) (State or foreign country)

14. Exact Occupation

Salesman

20. Exact Occupation

House Wife

15. Industry or Business

General Store

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None

23. Number of children of this mother:

(a) At time of birth and including this child 1 (b) Born alive and now living 2

(c) Born alive and now dead

7

(d) Stillborn

9

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

26. (a) APR 4 1941 (Mother, etc.)

(Date received)

(b) Maude T. Fisher (Registrar's signature)

25. Attendant's

OWN signature _____ M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address _____

Date _____

State of Idaho

County of Twin Falls ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. T. Blankenship, being first duly sworn, say that I am acquainted

Arthur C. Walgamott, acquainted (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. M. Winter, who attended

said birth can not be located (Name of attendant at birth) and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

J. T. Blankenship Signature

Idaho Falls P. O. Address

Subscribed and sworn to before me on this 31st day of March, 1941.

(SEAL)

J. T. Wood Notary Public, residing at 1745 Roosevelt Ave

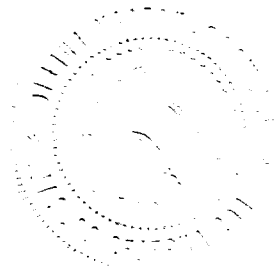
Los Angeles Cal

My Commission Expires July 13, 1941.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

APR 11 1941

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

309925

State File No. _____

Local Reg. No. 1373

Reg. Dist. No. 201

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City _____ (c) Street Address or R.F.D. No. <u>R. F. D.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years <u>3 1/2</u> month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City _____ (d) Street Address or R.F.D. No. <u>R. F. D.</u> (e) How long has MOTHER lived in Idaho? <u>3 1/2</u> yrs. (f) Mother's mailing address <u>Galouse, Wash.</u>	
4. FULL NAME OF CHILD <u>Mary Marria Drew</u>		5. Date of Birth (Month, day, year) <u>March 18, 1882</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u>	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Drew</u>		16. FULL MAIDEN NAME <u>Isabella Kirkwood</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>26</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Bruton Somerset England</u> (City or town) (State or foreign country)		19. Birthplace <u>Scotland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farm</u>		21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead _____ (d) Stillborn <u>0</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)
26. (a) 4-7-41 (Date received) (b) Wm. E. Embury (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William E. Embury, being first duly sworn, say that I am related to Mary Marria Drew as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Darby (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 1941.

(SEAL)

Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

593216-029 813

RECEIVED

311276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

APR 19 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>LATAH</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>16</u> yrs. (f) Mother's mailing address <u>DATA MOSCOW, IDAHO</u>	
4. FULL NAME OF CHILD <u>MILDRED MABEL NICHOLS</u>		5. Date of Birth (Month, day, year) <u>MAR. 16, 1882</u>	
6. Sex <u>F</u>	7. Twin or Triplet _____ If so—born _____ 1st 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>John Nichols</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>27 2/3</u> yrs. 13. Birthplace <u>Independence, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alice Hall</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>The Dalles, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>9</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>ALIVE</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>John Nichols</u> who is related to this child as <u>Father</u> (Mother, etc.)			
26. (a) Apr. 19, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)		25. Attendant's OWN signature _____ (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Oregon } ss.
County of Linn

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Nichols, being first duly sworn, say that I am related to Mildred Mabel Nichols as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Phyllis and Mrs. Hamilton (Name of attendant at birth) who attended said birth. is now deceased (or) cannot be located and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 21st day of February, 1941

(SEAL)

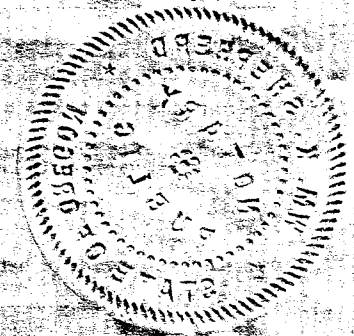
Wm. H. Shepherd Notary Public, residing at Linn, Oregon

My Commission expires Oct. 18, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 1)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and used by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 25, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. When COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-124-116-769

313148

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census MAY 26 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 10 years 10 month 24 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 27 yrs.
(f) Mother's mailing address Oakley

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Cyrus Oakley Tolman 5. Date of Birth (Month, day, year) Oct. 24, 1912
6. Sex Male 7. Twin or Triplet Singl If so—born 1st, 2nd, 3rd ✓ 8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joshua Alvin Tolman</u>	16. FULL MAIDEN NAME <u>Mary Jane Gorringer</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>24</u> yrs.	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Footle Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Bountiful Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____ (born alive, stillborn).
and at the place stated above, and that personal particulars were furnished by Mary Jane Gorringer, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) May 26, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)
25. Attendant's OWN signature Lida Smith (M.D., Midwife, etc.)
and address Oakley Idaho Date 10-24-92

State of Idaho } ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Owen Tolman, being first duly sworn, say that I am a Brother (Related to (or) acquainted with)
as Brother (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lida Smith (Name of attendant at birth), who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Owen Tolman Signature
Oakley Idaho P. O. Address
Subscribed and sworn to before me on this 24 day of May 1941
(SEAL) C. G. Larson Notary Public, residing at Oakley Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367101-044-231

313578

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 16 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address <u>Weiser</u>	
4. FULL NAME OF CHILD <u>George Warren Cape Jr.</u>		5. Date of Birth (Month, day, year) <u>Jan 1-1882</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy _____	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? _____	
FATHER OF CHILD 10. FULL NAME <u>George Warren Cape</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Do Not Know, OHIO.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Ranching</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Corrie Elisabeth Staples</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Monticello, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead <u>3</u> (d) Stillborn <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>JUN 16 1941</u> (Date received) (b) <u>Maude E. Fisher</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Missouri }
County of Scotland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Elba Cape Parrish, being first duly sworn, say that I am Related (Related to (or) acquainted with) George Warren Cape Jr. as Sister, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Williams (Name of attendant at birth) said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Elba Cape Parrish Signature
Monticello, Mo. P. O. Address

Subscribed and sworn to before me on this 11th day of June, 1941

(SEAL)

W. C. Shannon
My term expires July 11 1941

Notary Public, residing at Gorin, Mo.

P. C. by 20441

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966 102-029 215

314954

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: FAMILY HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address MOSCOW

3. RESIDENCE of FATHER (city, state) MOSCOW

4. FULL NAME OF CHILD

GEORGE MARION ROWLAND

5. Date of Birth

(Month, day year) June 2, 1882

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM DAVID ROWLAND

11. Color or Race WHITE 12. Age at time of THIS birth 37 yrs.

13. Birthplace MISSOURI
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CELIA Kane

17. Color or Race WHITE 18. Age at time of THIS birth 41 yrs.

19. Birthplace MISSOURI
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 26-1941 (b) Mabel T. Keefe
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dolly DePorter, being first duly sworn, say that I am related to _____ (Related to (or) acquainted with)
George M. Rowland as older sister _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Rogers _____, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of June, 1941.

(SEAL)

Notary Public, residing at Boise

Signature

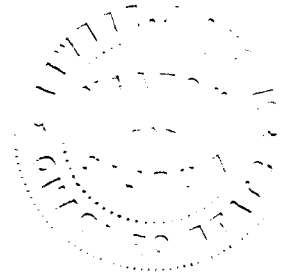
P. O. Address

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Man COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-121 028 692

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 27 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **315010**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Butte</u> (b) City <u>Sand Point</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Butte</u> (c) City <u>Sand Point</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>24 28</u> yrs. (f) Mother's mailing address <u>2428 E. Riverside, Spokane, Wash.</u>	
4. FULL NAME OF CHILD <u>Victor Benard Benway</u>		5. Date of Birth (Month, day, year) <u>Aug. 21, 1882</u>	
6. Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph Bassett Benway</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Unknown New Hampshire</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Engineer of Southern Pacific Railroad.</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Fischer</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Baravia, Germany</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 27-1941 (b) Mabel G. Gledin
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of Spokane
I, Margaret Benway Gullstrand, being first duly sworn, say that I am related to Victor Benard Benway as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth, _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

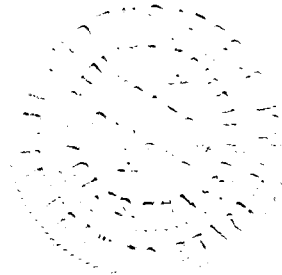
Subscribed and sworn to before me on this 26 day of June, 1941
(SEAL) John R. Crighton Notary Public, residing at Spokane, Wash.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 28 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

#315520

315520

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. 13th & Ridenbaugh
(d) Name of Hospital or Maternity Home:
At home as above mentioned.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 13 & Ridenbaugh
(e) How long has MOTHER lived in Idaho? 72 yrs.
(f) Mother's mailing address 1715 No. 11th St.

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Freddie Allen Helm

5. Date of Birth
(Month, day year) Aug. 31, 1882

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Jess Helm
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Colorado
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Eliza Danlap
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Denver Colorado
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 28 1941 (b) Mary E Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ Date _____ (D.O., Midwife, etc.)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Olive Eliza Kimery, being first duly sworn, say that I am Related to
Freddie Allen Helm as his Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Olive Eliza Kimery Signature
Boise, Idaho. (1715 No. 11th) P. O. Address

Subscribed and sworn to before me on this 28th day of July, 1941.
(SEAL) Flourence La Sale Notary Public, residing at Boise, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 315520

Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of Freddie Allen Helm who born on 8-31-1882 (Birth or Death)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>Name</u>	<u>Freddie Allen Helm</u>	<u>Jesse Allen Helm</u>
<u>Date of birth</u>	<u>Aug 31, 1882</u>	<u>Aug 31, 1892</u>

Subscribed and sworn to before me this 6th

day of March, 19 42
T. B. Chapman

Notary Public, residing at Boise, Idaho

My commission expires June 4, 1944
(Seal)

Signed Olaf Kivimäki ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1715 N. 11th Str. Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____

day of _____, 19 _____

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

(Street Address, City, State)

1944-45

769 109044/433

319042

United States (Be sure the information is as of date of birth of THIS child) State File No. 319042
 Department of Commerce AUG 26 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Washington (b) City Weiser, Idaho
 (c) Street Address or R.F.D. No. Main St.
 (d) Name of Hospital or Maternity Home: Own home
 (e) Mother's stay BEFORE delivery: At home
 In Hosp. or Mat. Home days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Washington
 (c) City Weiser
 (d) Street Address or R.F.D. No. Main St.
 (e) How long has MOTHER lived in Idaho? 4 1/2 yrs.
 (f) Mother's mailing address: Box 211 Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Deceased
 5. Date of Birth (Month, day year) 12-9-1882

4. FULL NAME OF CHILD Walter Erastus Gorrie
 6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
 10. FULL NAME David Gorrie
 11. Color or Race White 12. Age at time of THIS birth 26 yrs.
 13. Birthplace Wellsboro Penna.
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Sarah Permelia Utley
 17. Color or Race White 18. Age at time of THIS birth 21 yrs.
 19. Birthplace Spring Garden Illinois
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 25
 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (First name) (Last name)

26. (a) AUG 26 1941 (b) Mabel I. Weber 25. Attendant's OWN signature M.D.
 (Date received) (Registrar's signature) (D.O., Midwife, etc.)
 27. Given name added on by and address Date
 (Registrar's signature)

State of Oregon } ss.
 County of Jackson
 I, Sarah P. Driscoll, being first duly sworn, say that I am related to
Walter E. Gorrie as his mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. James Shaw who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 23 day of Aug 1941
 (SEAL) Om. [Signature] Notary Public, residing at Medford, Ore.
Mrs. Sarah Permelia Driscoll Signature
Medford, Oregon P. O. Address

JUL 14 1977

DEC 9 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718 127 001 416

319353

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census SEP 5 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
 (c) City Boise
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Ira Dawson Payne

5. Date of Birth

(Month, day year) Oct. 27, 1882

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Morgan Earl Payne

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Danville, Illinois
 (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Harnet Melissa Dawson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Near Indianapolis, Indiana
 (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3
 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)

26. (a) (Date received) (b) Mary H. Greer (Mother, etc.)
 (Registrar's signature)

25. Attendant's OWN signature M.D.
 (D.O., Midwife, etc.)

27. Given name added on by
 (Registrar's signature)

and address Date

State of California } ss.
 County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edgar Martin Payne, being first duly sworn, say that I am Related to
Ira Dawson Payne as Brother whose birth certificate
 (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister, who attended
 (Name of attendant at birth)

said birth Deceased and that this birth has not been previously recorded.
 (Is now Deceased (or) cannot be located)

Edgar Martin Payne Signature

Keystone Hotel - San Diego - Calif. P. O. Address

Subscribed and sworn to before me on this 28 day of August, 1941.

(SEAL)

Lycia Porter

Notary Public, residing at San Diego, Calif.

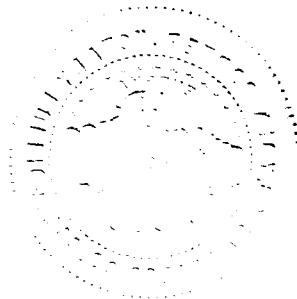
My Commission Expires Aug. 28, 1942.

9-11-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366 230 001 439

319687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

SEP 13 1941

1. PLACE OF BIRTH: (a) County Canyon (b) City near Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City near Caldwell Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Caldwell

3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Effie Margaret Cook
5. Date of Birth (Month, day, year) July 30 1882
6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Lewis Franklin Cook
11. Color white 12. Age at time of THIS birth _____ yrs.
13. Birthplace Green, Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Mariah Ellen M. Intyre
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Meggs Co. Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 13 1941 (Mother, etc.)
(Date received) (b) Mary Healy
(Registrar's signature)
25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ira Cornelius Cook, being first duly sworn, say that I am a brother (Related to (or) acquainted with)
Effie Margaret Cook (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15th day of Sept, 1941
(SEAL) Maud Henry Signature _____
Notary Public, residing at 711 N.E. 9th Ave Portland Ore P. O. Address _____

9-17-46

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 209 004 651

319710

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 17 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. PLACE OF BIRTH

- (a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Bennington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Bennington, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD

Rachel Birch Mitchell

5. Date of Birth
(Month, day year) Feb. 9, 1882

- 6. Sex** F **7. Twin or Triplet** no **8. No. months of Pregnancy** 9
If so—born 1st, 2nd, 3rd

9. Legitimate? yes

FATHER OF CHILD

- 10. FULL NAME** George Washington Birch
11. Color or Race White **12. Age at time of THIS birth** 28 yrs.
13. Birthplace Cleveland, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Ranching & Farming
15. Industry or Business for himself

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Elminia Weaver
17. Color or Race White **18. Age at time of THIS birth** 27 yrs.
19. Birthplace Millville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Wife and mother
21. Industry or Business Business

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

- 26. (a)** SEP 17 1941 **(b)** Mabel T. Leeder **25. Attendant's OWN signature** M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on **by** **and address** **Date**

State of Idaho } ss.
County of Prescott

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert A. Birch, being first duly sworn, say that I am related to Rachel Birch Mitchell as brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hanner (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Robert A. Birch Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of Sept, 1941.
(SEAL) M. J. Merriam Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115

243-130-035-363

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319732**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Nez Perce (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Fredrick Garfield Buchanan

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth

(Month, day year) March 30, 1882

FATHER OF CHILD

10. FULL NAME

Amos Buchanan

11. Color White 12. Age at time of THIS birth 56 yrs.

13. Birthplace Indiana
(City or town) (State or foreign country)

14. Exact Occupation Christian Minister

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Cloe Isabel Cole

17. Color White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Kidder, Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) SEP 19 1941 (b) Mabel E. Cooper
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Missouri } ss.
County of Jackson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Pearl Minerva Moriarty, being first duly sworn, say that I am the older sister
of Fredrick Garfield Buchanan as
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Saunders, who attended

said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Pearl Minerva Moriarty Signature
429 Subank Bldg. Mo. P. O. Address

Subscribed and sworn to before me on this 11th day of September, 1941.
(SEAL) Marianna Cooper Notary Public, residing at Ida

Comm. Expires Feb. 20, 1943.

Missouri

SEP 22 1941

~~RECEIVED~~

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 123 008 259

321805

321805

United States
Department of Commerce OCT 22 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321805
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED (a) County <u>Boise</u> (b) City <u>Idaho City</u> (c) Street Address or R.F.D.No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Idaho City</u> (d) Street Address or R.F.D.No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>Charles Francis White</u>		5. Date of Birth (Month, day year) <u>Sept. 23, 1932</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Nelson White</u>		16. FULL MAIDEN NAME <u>Alfaretta Olivia Keim</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>46</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace. <u>Chalis, Maine</u> (City or town) (State or foreign country)		19. Birthplace. <u>Report, Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>miner</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead (d) Stillborn			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Frankie Close</u> , who is related to this child as <u>Aunt</u> (First name) (Last name) (Mother, etc.)			
26. (a) <u>OCT 22 1941</u> (Date received)		25. Attendant's OWN signature. _____ M.D. (D.O., Midwife, etc.)	
27. Given name _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Mrs C. G. Close, being first duly sworn, say that I am Aunt
Charles Francis White as Nephew, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Herman Giff, who attended
said birth is deceased, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs C G Close Signature
R. J. - Boise P. O. Address

Subscribed and sworn to before me on this 22 day of Oct., 1941
(SEAL) [Signature] Notary Public, residing at Boise

13-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

OCT 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322920
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Ada (b) City Boise city
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: stayed at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days
IN THIS county _____ years 7 1/2 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise city
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 years
(f) Mother's mailing address Boise Idaho, Gen Del

3. RESIDENCE of FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD

Alice Maude Marsh

5. Date of Birth

(Month, day, year) Feb 16, 1882

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Robert Marsh

11. Color white 12. Age at time of THIS birth 24 yrs.
or Race English

13. Birthplace England
(City or town) (State of foreign country)

14. Exact Occupation Freighting or teamster

15. Industry or Business Transportation

MOTHER OF CHILD

16. FULL MAIDEN NAME

Maria Sarah Elizabeth Allan Moss

17. Color white 18. Age at time of THIS birth 22 yrs.
or Race American

19. Birthplace Salt Lake city, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 27 1941 (Date received) (b) Mary E Eddy (Registrar's signature)

25. Attendant's OWN signature _____ M.D.

27. Given name MAUDE on _____ by _____ (Registrar's signature)

- and address _____ (D.O., Midwife, etc.) Date _____

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maria Marsh, being first duly sworn, say that I am related to Alice Maude Marsh as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mary Richardson who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Maria Marsh Signature
3016 Madison Street, Boise, Idaho P. O. Address

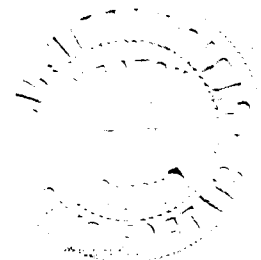
Subscribed and sworn to before me on this 27th day of October, 1941
(SEAL) Frank Martin, Jr. Notary Public, residing at Boise, Idaho

OCT 12 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-122-216-236

United States (Be sure the information is as of date of birth of THIS child) State File No. **323375**
 Department of Commerce NOV 3 1941 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County CASSIA (b) City Marrion
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: At home
 (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County CASSIA
 (c) City Marrion
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Robert Francis Stokes Rich 5. Date of Birth 7-22-1882
 (Month, day year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Samuel Taylor Rich 16. FULL MAIDEN NAME Mary Ann Stokes
 11. Color or Race White 12. Age at time of THIS birth. yrs. 17. Color or Race White 18. Age at time of THIS birth. 34 yrs.
 13. Birthplace Illinois, U.S.A. (City or town) (State or foreign country) 19. Birthplace Gurneey (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation England
 15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) NOV 3 1941 (b) Mary R. Peterson 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
 (Date received) (Registrar's signature)
 27. Given name added on by and address Date
 (Registrar's signature)

State of } ss.
 County of
 I, Mary R. Peterson, being first duly sworn, say that I am Related to Robert Francis Stokes Rich Sister
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. B. B. B. who attended said birth Deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 27 day of October, 1941
 (SEAL) W. H. Hamilton Notary Public, residing at Puerto Plata, Utah
Mary R. Peterson Signature
Beverly P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

Nov 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323824
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** Lemuel Edwin Rudge

5. Date of Birth of Child
(Month, day, year) Jan. 25, 1932

6. Sex m 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Rudge
11. Color w 12. Age at time of THIS birth _____ yrs.
13. Birthplace _____ (City or town) _____ (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice H Montgomery
17. Color w 18. Age at time of THIS birth _____ yrs.
19. Birthplace Iowa (City or town) _____ (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ P. M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of _____ County of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the family doctor of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 37 years, and that Dr. Lee, who attended this birth deceased, I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 159, 1937 Session Laws.

Signature _____ P. O. Address _____

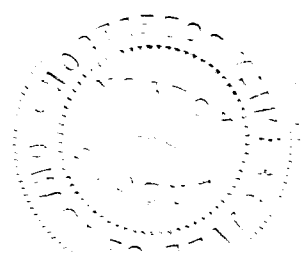
Subscribed and sworn to before me this 26th day of November, 1941.
(SEAL) Emiley Robertson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1941 by Mabel F. Hefner, Registrar.
L E Rudge Boise R. I.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



17-62-11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each completed copy requires an advance payment of fifty cents, money order or coin.

339-117-036-296

44

323939

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Oneida (b) City hatcher
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Thatcher
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Thatcher, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Amos Benjamin Clifford 5. Date of Birth (Month, day year) 9-17-1882
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Leander Thomas Clifford</u>	16. FULL MAIDEN NAME <u>Melissa Adelaide Gifford</u>		
11. Color <u>white</u>	17. Color <u>white</u>		
12. Age at time of THIS birth <u>27</u> yrs.	18. Age at time of THIS birth <u>22</u> yrs.		
13. Birthplace <u>B righam City, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Moroni, Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov 10 1941 (b) Mary Hester 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given not added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Gem

I, Leander L. Clifford, being first duly sworn, say that I am related (Related to (or) acquainted with)
Amos Benjamin Clifford as brother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bennett (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Leander Levi Clifford Signature
Emmett, Idaho P. O. Address
Subscribed and sworn to before me on this 18th day of November, 1941
(SEAL) M. L. Gurnacher Notary Public
Probate Judge, Gem County, Emmett, Idaho.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 202 035 413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325703**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Moscow, Ida. River
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 70 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Etta Buchanan

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) February 2-1882

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Newton Buchanan
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Carthage, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma MacKenzie
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 60 years, and that Nancy Sutherland (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Mary L Buchanan Signature
Patlatk Idaho P. O. Address

Subscribed and sworn to before me this 8 day of December, 1941
(SEAL) John Blum Notary Public, residing at Patlatk Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1941 by Mary E. Greer, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14-21-21

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325917

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

DEC 11 1941

1. PLACE OF BIRTH

(a) County Butte (b) City Freeze
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Butte
(c) City Freeze
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lloyd Dewain Auger

5. Date of Birth
(Month, day, year) Aug. 31st 1882

6. Sex Male 7. Twin or Triplet _____ If so, born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Eugene Auger
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Fayette Co. Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Marian H. Osmondson
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Christiania Norway
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) DEC 11 1941 (b) Mary Duck
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Duck, being first duly sworn, say that I am Aunt of Lloyd Dewain Auger as Aunt (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Duck Signature
P. O. Address _____

Subscribed and sworn to before me on this 25th day of November, 1941

(SEAL)

G. M. Delfino

Notary Public, residing at 1943

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No change for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-1041004-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. **327236**
Local Reg. No. _____
Reg. Dist. No. _____

DEC 17 1941 STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 5 years month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County _____
(c) City _____
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Fish Haven, Ida.

4. FULL NAME OF CHILD Samuel Orson Crook
7. Twin or If so—born
Triple 1st, 2nd, 3rd

3. RESIDENCE of FATHER (city, state) Fish Haven, Ida.
5. Date of Birth Dec. 4 - 1882
(Month, day year)
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Samuel Orson Crook
11. Color white 12. Age at time of THIS birth 20 yrs.
13. Birthplace Hayville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business Farm and Stock Raising
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead 0 (d) Stillborn 0

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Winterbottom
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Manchester, England
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

DEC 28 1941
26. (a) _____ (Date received) (b) Allyle A. Barger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's _____ M.D.
OWN signature _____
and address _____ Date _____ (D.O., Midwife, etc.)

State of _____
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Allen T. Pugmire, being first duly sworn, say that I am well acquainted (Related to (or) acquainted with)
Samuel Orson Crook as the person, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Shirley, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Allen T. Pugmire Signature
Idaho Falls, Idaho RFD#3 P. O. Address

Subscribed and sworn to before me on this 6 day of Dec., 1941
(SEAL) W. T. Munn Notary Public, residing at Idaho Falls

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

763-126-006-412

327338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 22 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at mother's home
(e) Mother's stay BEFORE delivery: _____
IN THIS county _____ years _____ months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 71 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

5. Date of Birth of Child _____
(Month, day, year) Feb 26 1892

4. FULL NAME OF CHILD Charles Henry Potter

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Franklin Potter
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Springville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Linnis Abigail Wakley
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 59 years, and that Linnis Wakley, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Linnis A Potter Signature
Lava Hot Springs Ida P. O. Address

Subscribed and sworn to before me this 19 day of December 1941
(SEAL) Notary Public Notary Public, residing at Lava Hot Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1941 by Maur H. Eder Registrar.

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

by Mabel H. E. E. E. E., Registrar

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556 126 044 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 29 1941

STATE OF IDAHO

State File No. 327465

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Therese
(c) Street Address or R.F.D. No. Mane creek
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Therese
(d) Street Address or R.F.D. No. Mane creek
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Therese Idaho

4. FULL NAME OF CHILD

William Harvey Newman

5. Date of Birth of Child

6-26-1882
(Month, day, year)

6. Sex

Male

7. Twin or Triplet

1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Samuel Sylvanus Newman

11. Color or Race

White

12. Age at time of THIS birth

25 yrs.

13. Birthplace

Des Moines Iowa
(City or town) (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

Freighter

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elsie Jane Sailing

17. Color or Race

White

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Lincoln Nebraska
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2:00 P.M. on the date Dec 29 1941 (Born alive, stillborn)

and at the place stated above, and the personal particulars were furnished by Elsie Newman who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

[Signature]

M.D.

Midwife

Address

Date

State of Oregon County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 59 years, and that

Mary Taylor who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Jane Newman Signature

North Bend, Oreg P. O. Address

Subscribed and sworn to before me this 26 day of December 1941

(SEAL)

Notary Public, residing at Charleston Oreg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1941)

Received for filing on

DEC 29 1941

by

Maurel H. Fisher

Registrar.

SEP 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

327949

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

William T. Chambers

5. Date of Birth of Child

(Month, day, year) Aug. 21, 1982

6. Sex male

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James M. Chambers
11. Color White 12. Age at time
or Race White of THIS birth 36 yrs.
13. Birthplace Osage Co. Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Taylor
17. Color White 18. Age at time
or Race White of THIS birth 25 yrs.
19. Birthplace Mahaska Co. Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 84 years of age, that I have known this person for 59 years, and that
Serena Chambers who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Christina Chambers Signature
Orofino, Idaho. P. O. Address

Subscribed and sworn to before me this 21 day of December, 1981

(SEAL)

Notary Public, residing at Lewiston, Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mary H. Green, Registrar.

ADK 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 49 721 029-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328689**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Idaho** (b) City **Uniontown**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**

(e) Mother's stay BEFORE delivery:

IN THIS county **6** years **0** months **0** days

4. FULL NAME OF CHILD

Charles Garrett Smith

6. Sex **Male**

7. Twin or Triplet **No**

If so—born 1st, 2nd, 3rd **No**

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME

Persifer L. Smith

11. Color **White**

or Race **White**

12. Age at time of THIS birth **32** yrs.

13. Birthplace

State of Calif.
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business **Lead**

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Ida** (b) County **Idaho**

(c) City **Uniontown**

(d) Street Address or R.F.D. No. **No**

(e) How long has MOTHER lived in Idaho? **6** yrs.

3. RESIDENCE OF FATHER (city, state) **Ida.**

5. Date of Birth of Child

(Month, day, year) **3-21-08**

16. FULL MAIDEN NAME

Raechel E. Miller

17. Color **White**

or Race **White**

18. Age at time of THIS birth **28** yrs.

19. Birthplace

State of Ohio
(City or town) (State or foreign country)

20. Exact Occupation **House-wife**

21. Industry or Business **Lead**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **9**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature **Idaho**

M.D.

Midwife

Address

Date

State of **Idaho** } ss.
County of **Nez Perce**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **59** years, and that **William H. Smith** who attended this birth **Lead** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William H. Smith Signature
Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this **2** day of **Jan**, 19**42**

(SEAL)

Notary Public, residing at **Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 10 1942** by **Marj H. Elder** Registrar.

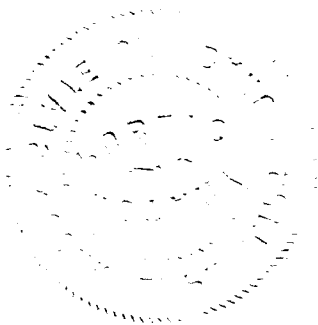
JAN 17 1942

MAR 24 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330353**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Father's home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Almo, Idaho

4. FULL NAME OF CHILD

William Dennis Cahoon

5. Date of Birth of Child

(Month, day, year) 5/17/82

6. Sex male

7. Twin or Triple? Triple

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Reynolds Cahoon
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming and cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Durfee
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Wellsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business with husband

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 55 years, and that Mrs. Henry E. Wender, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

W. E. G. Johnston
109 Frank

Signature

P. O. Address

Subscribed and sworn to before me this 26 day of Jan, 1942

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mrs. J. E. G. Johnston, Registrar.

JAN 26 1942

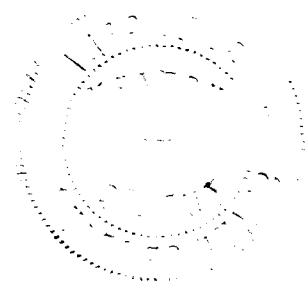
APR 20 1942

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child; or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332202**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

FEB 14 1942

1. PLACE OF BIRTH: (a) County Pwyhee (b) City Reynolds Creek
(c) Street Address or R.F.D. No. " "
(d) Name of Hospital or Maternity Home At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county 20 years month days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Pwyhee
(c) City Reynolds Creek
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 75 yrs.
(f) Mother's mailing address Reynolds Creek
3. RESIDENCE of FATHER (city, state): " " Ida.

4. FULL NAME OF CHILD Charles Edward Shore
5. Date of Birth (Month, day, year) May 28-1882
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Charles Edward Shore
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Brookville, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stock raiser
15. Industry or Business _____
- MOTHER OF CHILD
16. FULL MAIDEN NAME Diadama Harriet Dryden
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Linneus, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **FEB 14 1942** (Date received) (b) _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho County of Ada ss. Mr. Kate E. Shore

I, Mrs. H. B. Ward, being first duly sworn, say that I am Related to Charles Edward Shore as Sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gardner (Name of attendant at birth) who attended said birth Is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs. H. B. Ward Signature
Boise, Idaho Box 2156 P. O. Address

Subscribed and sworn to before me on this 4 day of February, 1942

(SEAL) Harry Johnston Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 333020
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Alturas (b) City Bellavue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs

4. FULL NAME OF CHILD Edith Williams

5. Date of Birth of Child
(Month, day, year) 12/14/82

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Matthew Hale Williams
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Vermont
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Reed
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Kentucky
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 59 years, and that Nellie Lynch, who attended this birth is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature H. H. McRoy
P. O. Address Modern, Idaho

Subscribed and sworn to before me this 10 day of February, 1942
(SEAL) Frank M. Gentry Notary Public, residing at Modern, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

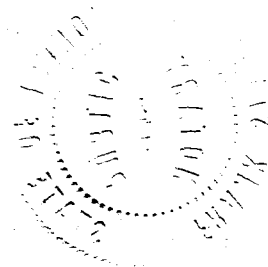
Received for filing on FEB 16 1942 by Marj I. E. E. E. Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at parents' residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 3 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County.....
(c) City Ketchum
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ketchum, Idaho

4. **FULL NAME OF CHILD** Marion Oliver Barricklow
5. Date of Birth of Child
(Month, day, year) Aug. 19, 1882
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Alexander Barricklow
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Wallace
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
- (Mother, etc.)

25. Attendant's **OWN** signature Washington M.D. Address Date
- State of Washington County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 59 years, and that Ellen Jane Barricklow is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ellen Roper Signature
2900 Walnut St. Bellingham, Wash P. O. Address

- Subscribed and sworn to before me this 20th day of February, 1942.
- (SEAL) Frank W. Bixby Notary Public, residing at Bellingham
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Marl T. Egan, Registrar.

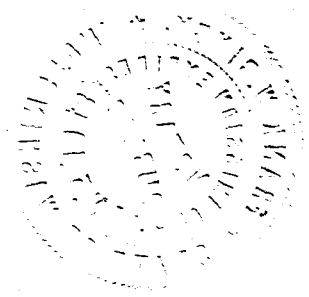
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962107037749

335311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau Valley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau Valley
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Roberson
5. Date of Birth of Child
(Month, day, year) June 7, 1882

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD
10. FULL NAME Arthur Roberson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockgrower
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen Purjue
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Unknown
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at night M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by personal presence, who is
related to this child as neighbor
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Jana Israble Midwife Address Mtn. Home, Ida. Date Feb. 21, 1942

State of..... ss. AFFIDAVIT to be completed when the attendant does not sign
County of..... in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Michael J. Helmer Registrar.

MAR 10 1942

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

216-1171036-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335698
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Samaria
(d) Street Address or R.F.D. No. -
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria, Idaho

5. Date of Birth of Child
(Month, day, year) Feb. 17, 1882

4. FULL NAME OF CHILD

William John Sawyer.

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Enoch Sawyer.
11. Color or Race English. 12. Age at time of THIS birth 29 yrs.
13. Birthplace London England.
(City or town) (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Richards.
17. Color or Race Welch. 18. Age at time of THIS birth 25 yrs.
19. Birthplace Wales.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah County of Cache ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 60 years, and that Annie Sawyer who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Annie Sawyer Watterson Signature
459 W. 1st N. Logan, Utah P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942

(SEAL) Margaret C. Hickman Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Ex. Jan. 17, 1943

Received for filing on MAR 10 1942 by W. C. Wilson Registrar.

MAR 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 3 1942

State File No. **335797**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>JEFFERSON</u> (b) City <u>MILL CREEK</u> (c) Street Address or R.F.D. No. <u>3350 SE</u> (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. <u>19</u> years. <u>2</u> months. <u>3</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>IDAHO</u> (b) County <u>JEFFERSON</u> (c) City <u>LA BELLE</u> (d) Street Address or R.F.D. No. <u>1. LORENZO</u> (e) How long has MOTHER lived in Idaho? <u>35</u> yrs. (f) Mother's mailing address <u>RT-1 LORENZO</u>	
4. FULL NAME OF CHILD <u>Joseph Harrison Morgan</u>		5. Date of Birth <u>March 28 1912</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph E Morgan (Deceased)</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Mill Creek Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mellie E Shurtliff</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> years 19. Birthplace <u>Mill Creek Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business <u>House Wife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>2</u> (d) Stillborn			
24. I HEREBY CERTIFY That I attended the birth of this child who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)			
26. (a) (b) (Date received) (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.) and address Date	
27. Given name added on (Registrar's signature)			

State Idaho } ss.
County of Bonner }
I, Mellie E Morgan, being first duly sworn, say that I am
Joseph Harrison Morgan Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellie Warner, who attended said birth, Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

MAR 3 1942
Subscribed and sworn to before me on this 15th day of November, 1942.
(SEAL) Lee Matther Notary Public, residing at Quillins to Morgan
RT-1 Lorenzo Idaho P. O. Address
Notary Public for the State of Idaho,
Residence, Idaho Falls, Idaho.
My Commission Expires May 8, 1941

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253714 025-219

336205

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Glenwood PO
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: -

(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City near Glenwood
(d) Street Address or R.F.D. No. -

(e) How long has MOTHER lived in Idaho? about 3 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thomas Joseph Kelly

5. Date of Birth of Child
(Month, day, year) 11-14-1882

6. Sex male **7. Twin or** - **If so—born**
Triplet **1st, 2nd, 3rd**

8. No. months - **9. Legitimate?** yes
of Pregnancy

FATHER OF CHILD

10. FULL NAME Dennis Joseph Kelly
11. Color white **12. Age at time**
or Race of THIS birth 35 yrs.
13. Birthplace York Ireland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Barry
17. Color white **18. Age at time**
or Race of THIS birth 33 yrs.
19. Birthplace C. Tappan Ireland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 67 years of age, that I have known this person for 59 years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

NOTARY PUBLIC
State of California
Subscribed and sworn to before me this 2 day of March 1942
(SEAL) Chas. J. Anderson

Margaret Kelly Signature
927 7/24 1st P.O. Pasadena Cal. P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Pasadena, Calif.
Commission Expires Dec. 13, 1948

Received for filing on MAR 6 1942 by Mary E. Fisher Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

71.3-112-021-453

338040

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338040**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Delbert Mecham Packer

5. Date of Birth of Child

(Month, day, year) March, 12, 1882

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL

NAME Nathan Taylor Packer

11. Color white **12. Age at time**
or Race white **of THIS birth** 34 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Mary Elvira Mecham

17. Color white **18. Age at time**
or Race white **of THIS birth** 29 yrs.
19. Birthplace Morgan Utah
(City or town) (State or foreign country)

20. Exact
Occupation House wife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears
in Item 4, above, that I am now 63 years of age, that I have known this person for 60 years, and that
(Mother, etc.)

Fannie Swann , who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL)

Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 23 1942

by

Mary E Elder

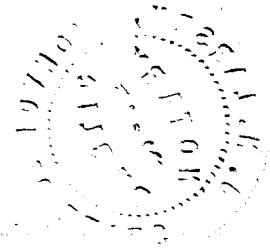
Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

458-20-036-275

338761

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clifton, Idaho
5. Date of Birth of Child
(Month, day, year) October 1, 1882

4. **FULL NAME OF CHILD** Mary Elizabeth Meredith

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd / 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Meredith B. Meredith
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Wales
(City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Ranching

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Electa Ann Sperry
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Wyoming M.D. Midwife Address Fort Washakie, Wyoming Date March 23rd
State of.....County of Tremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 39 years, and that Jane Howell, who attended this birth is dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Meredith B Meredith Signature

Subscribed and sworn to before me this 23rd day of March, 19 42.
Fort Washakie, Wyoming P. O. Address

(SEAL) [Signature] Notary Public, residing at Lander, Wyoming.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mal. E. E. E. Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-115-001-989

33 88 31

338831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 338831

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 30 1942

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Jesse H. Shainwald

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

10. FULL NAME

Edward Shainwald

11. Color or Race

White

12. Age at time of THIS birth 28 yrs.

13. Birthplace

New York City

(City or town) (State or foreign country)

14. Exact Occupation

Merchant

Boise, Idaho

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state, and country)

5. Date of Birth of Child Aug 15-1882
(Month, day, year)

16. FULL MAIDEN NAME

Rosa Shainwald

17. Color or Race

White

18. Age at time of THIS birth 75 yrs.

19. Birthplace

Germany

(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Oregon

County of Multnomah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 59 years, and that

Dr. Collesiter who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of March, 1942

(SEAL)

Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 30 1942

by

Maurice Elder

Registrar.

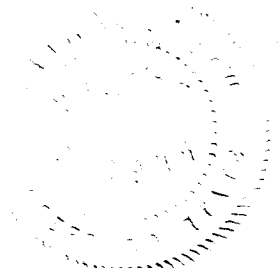
MAY 23 1960
NOV 17 1960

MAR 28 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-116-036-343

339101

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Eagle Rock</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at parents home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Eagle Rock</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>2</u>		5. Date of Birth of Child (Month, day, year) <u>11-16-1882</u>	

4. FULL NAME OF CHILD <u>Charles Smith</u>		6. Sex <u>male</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>		10. If so—born 1st, 2nd, 3rd	

FATHER OF CHILD 11. FULL NAME <u>Charles Seward Smith</u> 12. Color or Race <u>white</u> 13. Age at time of THIS birth <u>37</u> yrs. 14. Birthplace <u>Delaware Co. New York</u> (City or town) (State or foreign country) 15. Exact Occupation <u>Carpenter</u> 16. Industry or Business		MOTHER OF CHILD 17. FULL MAIDEN NAME <u>Louinda Tucker</u> 18. Color or Race <u>white</u> 19. Age at time of THIS birth <u>29</u> yrs. 20. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 21. Exact Occupation <u>Housewife</u> 22. Industry or Business	
--	--	--	--

23. Name prophylactic used to prevent Ophthalmia Neonatorum.....

24. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

25. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)

26. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
 (Midwife)

State of Idaho County of Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 88 years of age, that I have known this person for his life years, and that Dr. Bean who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louinda Tucker Smith Signature
328 5th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42
 (SEAL) [Signature] Notary Public, residing at Idaho Falls, Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by [Signature] Registrar.

APP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339249**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 38 years 7 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW, Idaho

4. **FULL NAME OF CHILD** William Madison Snow
5. Date of Birth of Child (Month, day, year) 10-14-82
6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Madison Marion Snow</u>	16. FULL MAIDEN NAME <u>Drusilla Stewart Snow</u>	11. Color <u>White</u>	17. Color <u>White</u>
12. Age at time of THIS birth <u>46</u> yrs.	18. Age at time of THIS birth <u>38</u> yrs.	13. Birthplace <u>Bridgton Indiana</u> (City or town) (State or foreign country)	19. Birthplace <u>Rockford Illinois</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Farmer</u>	21. Industry or Business <u>Housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 59 years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) Arthur Snow Notary Public, residing at MOSCOW
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mark E. Blaker Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

649-213-028-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339502**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Portland (b) City Boond'Alone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD

Katie Lydia Herman

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

John Herman

11. Color or Race white

12. Age at time of THIS birth, 3.6 yrs.

13. Birthplace Elkton

(City or town)

(State or foreign country)

14. Exact Occupation Storekeeper

15. Industry or Business Grocery Store

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Portland

(c) City Boond'Alone

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3.0 yrs.

3. RESIDENCE OF FATHER (city, state) Boond'Alone Idaho

5. Date of Birth of Child

(Month, day, year) Feb 13th 1882

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Jane Pressley

17. Color or Race white

18. Age at time of THIS birth, 29 yrs.

19. Birthplace Portland

(City or town)

(State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mother's Milk

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Idaho

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 8.8 years of age, that I have known this person for 6.0 years, and that

Dr. Leonard Woods (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of March, 1945

(SEAL)

Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 22, 1945

APR 2 1942

by Mary J. Herman

Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-122-APR 16 1942
044-367

340324

340324

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Salubria
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Salubria

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ernest Harold Muckey

5. Date of Birth _____
(Month, day year) Jan. 21 1882

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Marion Muckey
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Evanston Illinois
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Live Stock

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Logan
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Omaha Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) APR 16 1942 (b) _____
(Date received) (Registrar's signature)

25. Attendant's _____ M.D.
OWN signature _____ (D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva I. Logan, being first duly sworn, say that I am unrelated related to Ernest Harold Muckey as Aunt (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Eva I. Logan ✓ Signature
1116 River Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of April, 19 42

(SEAL) John Jackson Probate Judge Ada County, Idaho.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340449**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City LEWISTON
(c) Street Address or R.F.D. No. IDAHO ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. IDAHO ST.
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) LEWISTON, IDAHO

4. FULL NAME OF CHILD LUCILE ELLA ARANT

6. Sex FEMALE **7. Twin or Triplet** NO **8. No. months of Pregnancy** **9. Legitimate?** YES

FATHER OF CHILD
10. FULL NAME MARCELLUS MERRIAM ARANT
11. Color WHITE **12. Age at time of THIS birth** 25 yrs.
13. Birthplace WICHITA KANSAS
(City or town) (State or foreign country)
14. Exact Occupation TINSMITH
15. Industry or Business HARDWARE

MOTHER OF CHILD
16. FULL MAIDEN NAME FANNY LILLY WRIGHT
17. Color WHITE **18. Age at time of THIS birth** 22 yrs.
19. Birthplace PHILADELPHIA PENN.
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 59 years, and that Dr. SHAFF, who attended this birth IS NOW DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of April, 1942.
(SEAL) Notary Public Expires April 30, 1945 Notary Public, residing at Blendale Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel E. Deffen Registrar.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-102045 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340479**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Alturas (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county : years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Alturas
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

William Wilson Goble

5. Date of Birth of Child

(Month, day, year) July 2 1882

6. Sex Boy 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Simpson Goble
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace Washington Co Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer + Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Wilson
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Carroll Iowa
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of California County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 59 years, and that Midwife (unknown) who attended this birth can not be located. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James David Goble Signature
641 1/2 So Detroit Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL)

Maya Mitchell

Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Nov. 18, 1942

Received for filing on

APR 10 1942

by

Maya Mitchell Registrar.

JUL 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

194110 029 168

341361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>mother confined at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>41</u> yrs.	
4. FULL NAME OF CHILD <u>Elmer James Armstrong</u>		3. RESIDENCE OF FATHER (city, state) <u>Same as above</u> 5. Date of Birth of Child (Month, day, year) <u>Nov. 10, 1882</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Single birth</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>nine</u> Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Dexter Armstrong</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Centerville</u> <u>Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Elizabeth Johnson</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Dallas</u> <u>Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 3-9 years, and that Charles Dexter Armstrong attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of April 1942
(SEAL) Annetta B. Jonken Notary Public, residing at Black Diamond Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 21 1942 by Mary E. Jones, Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

68122-003-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

343897

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Oxford, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: home
IN THIS county yes years months days

4. FULL NAME OF CHILD

Benjamin Franklin Wyatt

6. Sex boy

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

10. FULL NAME

John Edwin Wyatt

11. Color White 12. Age at time of THIS birth 90 yrs.

13. Birthplace Let Lake City
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida. (b) County Bannock

(c) City Oxford

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? Always

3. RESIDENCE OF FATHER (city, state) Idaho.

5. Date of Birth of Child
(Month, day, year) April 22-1882

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN NAME

Leta Ann Brimhall

17. Color White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Oxford, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Farmer's Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by Mrs D L Jones, who is related to this child as Sister
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 58 years, and that Lemmantha Brimhall who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this May 6 day of May, 1942

(SEAL)

Henry H Tucker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

681 9 AM MAY 6 1942

Registrar.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 127 007 913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344091

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bellvue
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: home

(e) Mother's stay BEFORE delivery:
IN THIS county six years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Bellvue
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Bellvue

4. FULL NAME OF CHILD

Thomas Edward Walton

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Feb. 27-1882

FATHER OF CHILD

10. FULL NAME Thomas Cowden Walton

11. Color White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Laurens County, Pennsylvania
(City or town) (State or foreign country)

14. Exact Occupation carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Jane Rathbone

17. Color white 18. Age at time of THIS birth 28 yrs.

19. Birthplace Palmer, Kansas
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 60 years, and that the Doctor, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wesley E. Walton Signature
AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942.
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at
RESIDING AT AMERICAN FALLS, IDAHO
MY COMMISSION EXPIRES OCTOBER 22, 1943

Received for filing on MAY 8 1942 by Malcolm E. Egan Registrar.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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344476

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City GEORGETOWN
(c) Street Address or R.F.D. No. about 1/2 mile
(d) Name of Hospital or Maternity Home: Rural Home
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City GEORGETOWN
(d) Street Address or R.F.D. No. about 1/2 mile
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD HENRY LEO SMITH
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Salt Lake City, Utah
5. Date of Birth of Child (Month, day, year) SEPT 23 1882
8. No. months of Pregnancy 9 9. Legitimate? ☒

FATHER OF CHILD
10. FULL NAME HENRY JOB SMITH
11. Color WHITE 12. Age at time of THIS birth 25 yrs.
13. Birthplace SALT LAKE CITY UTAH
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME EMMA ELIZABETH BARKDULL
17. Color WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace FARMINGTON UTAH
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....Midwife Address.....Date.....

State of UTAH County of SALT LAKE } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 59 years, and that MARY CARRAN who attended this birth IS NOW DECEASED I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Job Smith Signature
MURRAY UTAH P. O. Address

My Commission Expires May 1, 1944
Subscribed and sworn to before me this 16 day of May, 1942
(SEAL) [Signature] Notary Public, residing at Murray, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by [Signature] Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-227 001 994

344565

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Near Boise
(c) Street Address or R.F.D. No. 11 mi. W. of Boise
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City 11 mi. West of Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Woods
5. Date of Birth of Child
(Month, day, year) June 27, 1882

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Jos. Edward Woods
11. Color W 12. Age at time of THIS birth 49 yrs.
13. Birthplace Old Town, Maine
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Riddell
17. Color W 18. Age at time of THIS birth 42 yrs.
19. Birthplace Dollar, Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ida W. Twogood, who is
related to this child as sister
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
Ada Boise ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 60 years, and that Emma Maxon, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Woods Twogood Signature
1117 N. 10th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May 1942
(SEAL) Heard Taylor Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary E. Taylor Registrar.

APR 16 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **345025**
Local Reg. No. **345025**
Reg. Dist. No. **345025**

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Oneida** (b) City **Franklin**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county years months days

4. FULL NAME OF CHILD **Christian Alfred Monson**

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **Christian Monson**
11. Color **white** 12. Age at time of THIS birth **21** yrs.
13. Birthplace **Lehi, Utah** (City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Oneida**
(c) City **Franklin**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) **Oct 6, 1882**

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Lovina Faney Hanson**
17. Color **white** 18. Age at time of THIS birth **18** yrs.
19. Birthplace **England** (City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by **Family Record**, who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Franklin** ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **uncle** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **59** years, and that (First name) (Last name), who attended this birth **deceased** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **18** day of **May**, 19**42**
(SEAL) **A. A. Monson** Signature
Preston Idaho P. O. Address
Notary Public, residing at **Franklin Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

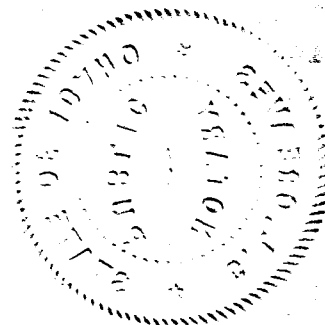
Received for filing on **MAY 21 1942** by **Mary E. Eden**, Registrar.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



718-1241076 MAY 22 1942

34508345042

United States
Department of Commerce
Bureau of the Census

sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: over 5 years
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Fred C. Payne
5. Date of Birth of Child (Month, day, year) July 24 - 1882
6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Payne
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Huncote, Lestershire, England
(City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railway
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Annie Sophia Christensen
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child, one. (b) Born alive and now living, 6.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Nevada **M.D.** Washoe Address Date
State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4 above, that I am now 78 years of age, that I have known this person for life years, and that Unknown, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Charles W. Payne Signature
P.O. Box 468, Sparks, Nevada P.O. Address
Subscribed and sworn to before me this 7th day of May, 1942
(SEAL) [Signature] Notary Public, residing at Sparks, Nev.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Elder, Registrar.

MAY 28 1942

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No change for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

595-112 001-849

345059 4402R 345059

United States
Department of Commerce
Bureau of the Census
MAY 22 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Boise
(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.
3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Frank L. Vincen

5. Date of Birth of Child
(Month, day, year) July 12 1932

6. Sex male 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd ☒

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Halley Vincen
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Hickory Canyon, Tennessee
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Hurt
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 7 1/2 years of age, that I have known this person for 3 or more years, and that Frank L. Vincen, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Whitlie Preston Signature
316 Bannock St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of April, 1942
(SEAL) S. E. P. 2 Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary E. Eder, Registrar.

68 123

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-212-07-255

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **345975**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City _____
(c) Street Address or R.F.D. No. Keeney Ferry,
(d) Name of Hospital or Maternity Home Snake River
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Keeney Ferry-Snake River
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address Weiser

3. RESIDENCE of FATHER (city, state) Weiser

5. Date of Birth _____
(Month, day year) Sept. 12-1882

8. No. months _____
of Pregnancy nine 9. Legitimate? yes

4. FULL NAME OF CHILD Rena Elsie Keeney

6. Sex Female 7. Twin or _____ If so—born
Triplet _____ 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Peter Luther Keeney
11. Color White 12. Age at time _____
or Race _____ of THIS birth 28 yrs.
13. Birthplace Brownsville, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Stella Benson
17. Color White 18. Age at time _____
or Race _____ of THIS birth 22 yrs.
19. Birthplace Rice Co. Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living six
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) MAY 18 1942 (b) _____
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's _____
OWN signature Deceased M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Paul Harris, being first duly sworn, say that I am not
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that in my work, who attended
said birth is dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Paul Harris Signature

P. O. Address _____

Subscribed and sworn to before me on this _____

(SEAL)

May 18 day of May 1942
Jas. S. Hallgren Notary Public, residing at Weiser Idaho

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

386-105-004-653

346575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bloomington</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Martin Wesley Thompson</u>		3. RESIDENCE OF FATHER (city, state) <u>Bloomington, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Mar. 5, 1882</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Andrew Thompson</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriet Welker</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Willard, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u> </u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child.....3... (b) Born alive and now living.....4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive.....M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Ehpriam Thompson....., who is related to this child as Uncle.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of Idaho County of Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle.....of the person whose name appears in Item 4, above, that I am now 68.....years of age, that I have known this person for 60.....years, and that is now deceased....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ehpriam Thompson.....Signature
 P. O. Address.....

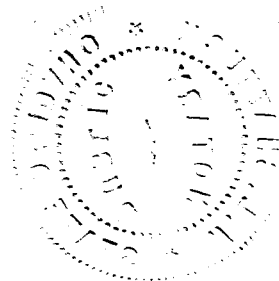
Subscribed and sworn to before me this 22nd day of May, 1942.
 (SEAL) [Signature].....Notary Public, residing at Leek Falls, Idaho.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing MAY 25 1942.....by [Signature].....Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-111-244-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346645**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 4 months 16 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 1/2 Mo. 1/4 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Benton Walker
5. Date of Birth of Child
(Month, day, year) May 11, 1882
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>James Walker</u> | | 16. FULL MAIDEN NAME <u>Loretta Ellen McDonald</u> | |
| 11. Color <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. | | 17. Color <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. | |
| 13. Birthplace <u>Shoals, Indiana</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Shoals, Indiana</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farming</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Older Sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 60 years, and that Mrs. Frank Hubbard, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

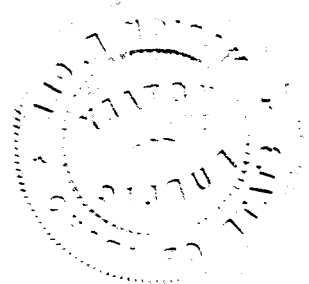
Mary M. Bowman Signature
25 day of May 1942 P. O. Address Rt. #2, Meridian, Idaho
Subscribed and sworn to before me this 25 day of May 1942
(SEAL) Mason L. Orr Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-107-215-669

346887

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 5 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address _____

4. FULL NAME

OF CHILD Leroy Mottashaw Calkins

5. Date of Birth

(Month, day year) June 7, 1882

6. Sex Male

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME Israel Calkins

11. Color White 12. Age at time
or Race _____ of THIS birth 32 yrs.

13. Birthplace Payson, Utah
(City or town) (State or foreign country)

14. Exact
Occupation Stockman

15. Industry or
Business Horse raising

MOTHER OF CHILD

16. FULL MAIDEN
NAME Mary Elizabeth Foreman

17. Color White 18. Age at time
or Race _____ of THIS birth 24 yrs.

19. Birthplace Manchester, Conn.
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) MAY 28 1942 (Date received) Mary E. Calkins (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Wyoming
County of Sheridan } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Calkins, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Leroy Mottashaw Calkins as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hans Hansen, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of September, 1941

(SEAL)

My commission expires Oct. 6, 1942

Notary Public, residing at Sheridan, Wyo.

Mary E. Calkins Signature
Sheridan, Wyo. P. O. Address
605 Park Street

JUN 1 1942
JUL 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347125**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Lemhi** (b) City **Lemhi Agency**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
child born at home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Lemhi**
(c) City **Lemhi Agency**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **2** yrs.
(f) Mother's mailing address **Lemhi Agency, Ida.**

3. RESIDENCE of FATHER (city, state) **Same**

4. FULL NAME OF CHILD

Elizabeth Elvira Rees

5. Date of Birth

(Month, day year) **5-19-1882**

6. Sex **Female**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Robert Gillehan Rees**

11. Color **White** 12. Age at time
or Race of THIS birth **41** yrs.

13. Birthplace **DuQuoin, Illinois**
(City or town) (State or foreign country)

14. Exact
Occupation **Ranching**

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Naomi Elizabeth Walker**

17. Color **White** 18. Age at time
or Race of THIS birth **24** yrs.

19. Birthplace **DuQuoin, Illinois**
(City or town) (State or foreign country)

20. Exact
Occupation **Housewife**

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) **JUN 1 1942**
(Date received)

(b) *Mary E. Rees*
(Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's
OWN signature. **M.D.**
(D.O., Midwife, etc.)
and address Date

State of **Idaho** }
County of **Lemhi** } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, **Wm G. Rees**, being first duly sworn, say that I am **related to**
Elizabeth Elvira Rees as **Brother**
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that **Mrs. Jane Pearson**, who attended
said birth **deceased** and that this birth **has not been previously recorded**.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **27** day of **May**, 19**42**.
(SEAL)

Wm G. Rees Signature
Leadon Ida P. O. Address
Mary E. Rees Notary Public, residing at *Leadon Ida*

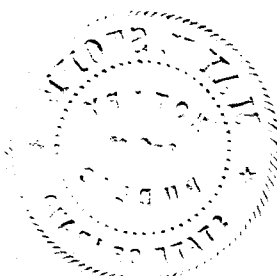
JUN 3

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-224-006-3419

347459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
In own home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

5. Date of Birth of Child
(Month, day, year) Feb. 24, 1932

4. FULL NAME OF CHILDDella May Keene

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Keene
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Boston, Mass.
(City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Cavis Curle
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace New Castle, Co. Durham, England
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was B at 5 M. on the date Feb. 24, 1932
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Callahan M.D., who is related to this child as Brother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of San Francisco

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 60 years, and that Callahan M.D. who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of May, 1942
(SEAL) Clarence W. Pittman Notary Public, residing at 1700 OCEAN AVE.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by Marj B. Blum Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-125.229-466

347814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. Wash. St. near 3rd
(d) Name of Hospital or Maternity Home:
NAME
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Wash. St. near 3rd
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

Andrew. Fredrick. Henry

5. Date of Birth of Child

(Month, day, year) July 25, 1887

6. Sex MALE

7. Twin or
Triplet —

If so—born
1st, 2nd, 3rd —

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew. Henry
11. Color White 12. Age at time
or Race White of THIS birth 30 yrs.
13. Birthplace State of Maine
(City or town) (State or foreign country)
14. Exact Occupation Implement Dealer
15. Industry or Business " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Clara Moore
17. Color White 18. Age at time
or Race White of THIS birth 28 yrs.
19. Birthplace Leek Port New York
(City or town) (State or foreign country)
20. Exact Occupation House. Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington
County of Spokane ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now 79 years of age, that I have known this person for nearly 60 years, and that
....., who attended this birth..... (Is now deceased) or (Cannot be located) I further state that
(First name) (Last name)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of May, 1942

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942

by

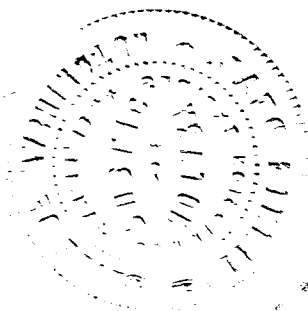
Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 113036 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348287**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Albert Taylor
5. Date of Birth of Child
(Month, day, year) Jan. 13, 1882
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|--|
| 10. FULL NAME <u>Albert Taylor</u> | 16. FULL MAIDEN NAME <u>Susan Elizabeth Marler</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>20</u> yrs. | 18. Age at time of THIS birth <u>16</u> yrs. |
| 13. Birthplace <u>Garden, Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Huntsville, Utah</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } **SS.**
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 60 years, and that Mrs. Bingham who attended this birth.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Taylor Signature
112 E Plymouth St., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942
(SEAL) My Commission Expires June 10th, 1942
Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by John B. Bingham Registrar.

AUG 16 1962

JUN 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814 109 001-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348343**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

4. FULL NAME OF CHILD Robert Andy Hamilton
6. Sex male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Boise, Idaho.
5. Date of Birth of Child (Month, day, year) Feb. 9, 1882
8. No. months of Pregnancy **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Albert P. Hamilton
11. Color or Race white **12. Age at time of THIS birth** 21 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Effie Louise Lind
17. Color or Race white **18. Age at time of THIS birth** 18 yrs.
19. Birthplace Wichita Kansas
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** **Date**
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 60 years, and that unknown, who attended this birth unknown I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[Signature] **Signature**
[Address] **P. O. Address**
Subscribed and sworn to before me this 17 day of May
(SEAL) [Signature] **Notary Public, residing at** Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUN 17 1942 by [Signature] **Registrar.**

JUN 20 1942

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-104 044-291

349729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. East Main St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. East Main St.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida.

4. **FULL NAME OF CHILD** Thomas William Gray

5. Date of Birth of Child
(Month, day, year) July 4th, 82.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd #

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Knox Polk Gray
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clarissa Eliz. Brassfield
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Schuyler Co. Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 59 years, and that Mrs. Mary Johnson, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mother Clarissa Eliz. Brassfield Gray Signature
611 East Main St. Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mary Johnson Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-205003845

349770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Bannock (b) City... Danney
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Bannock
(c) City... Danney
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. FULL NAME OF CHILD... Catherine (Coffin) Stoddard

5. Date of Birth of Child
(Month, day, year) 7. 6 - 1882

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME... William Albert Coffin
11. Color or Race... White 12. Age at time of THIS birth... 32 yrs.
13. Birthplace... Illinois
(City or town) (State or foreign country)
14. Exact Occupation... Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME... Sophronia Elizabeth Hunt
17. Color or Race... White 18. Age at time of THIS birth... 32 yrs.
19. Birthplace... Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum...
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of... Idaho } ss.
County of... Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... of the person whose name appears in Item 4, above, that I am now... years of age, that I have known this person for... years, and that... who attended this birth... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Note: Signed by her mark - WITNESS
Subscribed and sworn to before me this... day of... 1942
(SEAL) ...
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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349881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City near Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Maggie A. Horner
5. Date of Birth of Child
(Month, day, year) April 23, 1882

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Seymour Horner
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Lebanon Illinois
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Alverta Mattingly
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Louisville Kentucky
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living no

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Oregon County of Wallowa } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder brother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 60 years, and that Dr. Smith who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

John Harland Horner Signature
Enterprise, Oregon P. O. Address
Subscribed and sworn to before me this 23 day of March 19 42
(SEAL) W. Richards Notary Public, residing at Enterprise, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

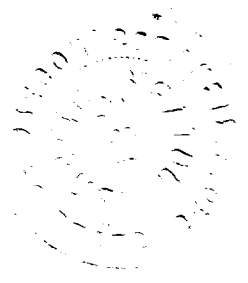
Received for filing on JUN 23 1942 by Mary E. Keeler Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331-212 045-669

350285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Alturas (b) City Broadford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Broadford
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs
3. **RESIDENCE OF FATHER** (city, state) Broadford Ida.

4. **FULL NAME OF CHILD** Amanda Jane Clark
6. Sex F. 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

5. Date of Birth of Child 5-12-1882
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Jacob Clark
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emily Maria Ford
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....
State of Oregon County of Yamhill } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 60 years, and that....., who attended this birth..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of June, 1942
(SEAL) [Signature] Notary Public, residing at Sheldon, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) **COMMISSION EXPIRES** 7/27/43

Received for filing on JUN 29 1942 by [Signature], Registrar

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-130-216 493

350286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Rock Creek Ida
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Rock Creek
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rock Creek Ida

4. FULL NAME OF CHILD

John Broyles

5. Date of Birth of Child
(Month, day, year) July 30, 1882

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Wesley Broyles
11. Color White 12. Age at time
or Race of THIS birth 27 yrs.
13. Birthplace Nodaway County Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ann Mitchell
17. Color White 18. Age at time
or Race of THIS birth 25 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Oregon }
County of Crook } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

Aunt

I, the undersigned, being first duly sworn, say that I am the Grandmother of the person whose name appears
in Item 4, above, that I am now 71 years of age, that I have known this person for 59 years, and that

Lucy Hopkins, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary Dagle

Signature

P. O. Address

Subscribed and sworn to before me this 15th day of May, 19 42.

(SEAL)

L. H. DeLoe

Notary Public, residing at Prineville, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated Com. expires 1-24-45)

Received for filing on JUN 29 1942 by Mary Dagle, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such data, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318701029 412

350352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Juliaetta</u> (c) Street Address or R.F.D. No. <u>N.O.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>0</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Juliaetta</u> (d) Street Address or R.F.D. No. <u>N.O.</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>ERNEST Edward Taylor</u>		5. Date of Birth of Child (Month, day, year) <u>3-1-82</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>John W. Taylor</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>State of Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Charlotte Mason</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>State of Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho County of New Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 60 years, and that Unknown, who attended this birth Unknown I further state that (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____ P. O. Address _____

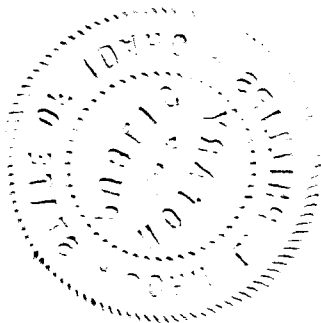
Subscribed and sworn to before me this _____ day of _____ 1982
 (SEAL) _____ Notary Public, residing at _____
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 1 1982 by _____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-127-025-482

350800

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home:
At his own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county - years 11 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 11 Mo. yrs.

4. **FULL NAME OF CHILD** George John Smith

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho
5. Date of Birth of Child Idaho
(Month, day, year) July 27, 1882

6. Sex male 7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ernest Smith
11. Color white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Cleveland, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Isabel J. Dysard
17. Color white 18. Age at time of THIS birth 41 yrs.
19. Birthplace Layport, Ind.
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business keeping house and home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the First Cousin of the person whose name appears in Item 4, above, that I am nowyears of age, that I have known this person for 59 years, and that J. B. Morris M. D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of July 1942
(SEAL) Jefferson

Signature Isabel J. Dysard
P. O. Address Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by M. J. B. Lefers Registrar.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-224.036-469

351026

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: family home
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Medora Thomas
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Nov. 24, 1882

FATHER OF CHILD
10. FULL NAME Henry William Thomas
11. Color white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Wales
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Morgan
17. Color white 18. Age at time of THIS birth 45 yrs.
19. Birthplace Wales
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 3 p. M. on the date 7/9/42 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by D. M. Thomas, who is related to this child as brother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature deceased M.D. deceased Address deceased Date 7/9/42
State of Idaho County of Oneida } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 60 years, and that Jane Evans, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of July, 1942
(SEAL) D. M. Thomas Signature
Box 176- Malad City, Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Notary Public, residing at Malad City, Idaho

Received for filing on JUL 14 1942 by Mary E. Fisher Registrar.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

785-225 236 753

351227

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Own Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida**4. FULL NAME OF CHILD**Julia Thews

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William B Thews
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Galatury, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cornelia Eliza Beck
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above; that I am now 34 years of age, that I have known this person for 59 years, and that Cornelia E. Thews, who attended this birth..... I further state that
(First Name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cornelia E. Thews Signature
W. 1904 Gardner Ave. Spokane, Washington D. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Arthur G. Stanley Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Beeler Registrar.

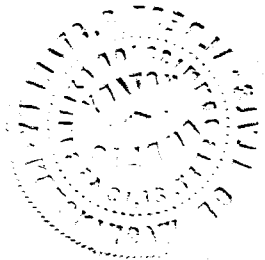
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-21002583

352485

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

- (a) ~~County Idaho Terr~~ City Moscow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho Terr (b) County None
(c) City Moscow
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida. Terr.

5. Date of Birth of Child
(Month, day, year) April 10, 1882

4. FULL NAME OF CHILD Alice May Olson

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Barney John Olson
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Stavanger, Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Halverson
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Christinia, Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Washington }
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the no relation of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 60 years, and that Dr. Johnson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Codes Annotated.)

Signature _____ P. O. Address _____

Notary Public, residing at Clarkston

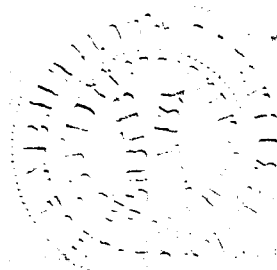
Received for filing on JUL 20 1941 by Mabel Steffen, Registrar.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818-112 029 819

352530

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LATAH (b) City NEAR Palouse
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City NEAR Palouse
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Edmund ELTON Haydon

5. Date of Birth of Child
(Month, day, year) 3-12-1882

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David William Haydon
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Pike Co. Missouri
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH Jane Yarbrough
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Lynn Co Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum have no record.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature Washington M.D. Midwife Address Date

State of.....County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the a friend of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 60 years, and that Sarah Cutton is deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. N. Thompson
Palouse, Wash

Signature
P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942

(SEAL) Notary Public, residing at Palouse, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Marl E. Fisher, Registrar.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352840**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Ideseec
(c) Street Address or R.F.D. No. Country Home
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Ideseec
(d) Street Address or R.F.D. No. Country
(e) How long has MOTHER lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Lucinda Octavia Akin

5. Date of Birth of Child

(Month, day, year) April 25,

6. Sex Female 7. Twin or Triplet no

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Akin
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace New York
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Flat Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucinda Octavia
17. Color White 18. Age at time of THIS birth 43 yrs.
19. Birthplace New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of California } ss.
County of San Francisco

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4, above, that I am now 64 years of age, that I have known this person for 59 years, and that
Katherine B. Fitzgerald, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Katherine B. Fitzgerald Signature
1231-15 ave San Francisco P. O. Address

Subscribed and sworn to before me this 27 day of April, 1943

(SEAL)

Notary Public, residing at San Francisco
California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Marj E. Eder Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Moscow (b) County Latah
(c) City Idaho
(d) Street Address or R.F.D. No. Rt. 8
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Olive - Maria - McGregor
7. Twin or Triplet
6. Sex Female If so—born 1st, 2nd, 3rd 9

5. Date of Birth of Child (Month, day, year) Nov. 27 - 82
8. No. months of Pregnancy
9. Legitimate? yes

10. FULL NAME Henny - McGregor
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Chatham, Nova Scotia - Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Thyrza Collins
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Morgan Co - Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 59 years, and that Nancy - M. Collins, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira L. Pearson Signature
326 E. 6th St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of July, 19 42.
(SEAL) HARRY A. THATCHER, Ex-Officio Auditor and Recorder, Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Russ E. Pearson Deputy Registrar

Received for filing on JUL 30 1942 by Mabel Becker

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

522 208016 449

353065

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ASSIA</u> (b) City <u>ALMO</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Deer in Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CASSIA</u> (c) City <u>ALMO</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>MARY LOUISE EBBERTS</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 8 - 1882</u>	
6. Sex <u>FEMALE</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>WILLIAM HOWARD EBBERTS</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>LAKESTER, PENNSYLVANIA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>WILATE DUFFEE</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Granbury, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)

25. Attendant's
OWN signature Idaho **M.D.** **Midwife** **Address** **Date**

State of.....
 County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth.....I further state that.....
 (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Willis Clark Signature
 P. O. Address

Subscribed and sworn to before me this 7 20th day of July, 1942
 (SEAL) Notary Public Notary Public, residing at Bozeman, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mabel E. Cooper Registrar.

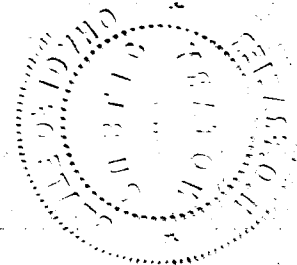
AUG 1 1942

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353164
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: at family home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Unknown
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD

Georgia Irene Fields

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) 11-26-32

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Fields
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Stone Cutter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Epperson
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of California ss.
County of San Benito

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 59 years, and that Name not known, who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Julia A. Barber Signature
3569 Laguna Ave., Oakland, California P. O. Address

Subscribed and sworn to before me this 30th day of April, 1942

(SEAL)

Elmer Dwyer, San Benito County Clerk, State of California
By R. E. Dwyer Deputy County Clerk, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on AUG 3 1942 by Mrs. J. A. Barber, Registrar.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-122037 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353378**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cuyler</u> (b) City <u>Bruneau</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>4</u> years <u>8</u> months <u>4</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cuyler</u> (c) City <u>Bruneau</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Arthur Pence</u>		3. RESIDENCE OF FATHER (city, state) <u>Bruneau, Idaho</u>	
6. Sex <u>m</u>		5. Date of Birth of Child (Month, day, year) <u>June 22 1882</u>	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arthur Pence</u>		16. FULL MAIDEN NAME <u>Mary Sidney Wells</u>	
11. Color or Race <u>W</u>		17. Color or Race <u>W</u>	
12. Age at time of THIS birth <u>35</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace (City or town) <u>West Moines, Iowa</u> (State or foreign country)		19. Birthplace (City or town) <u>Neosho, Mo.</u> (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Stock Raiser</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Cuyler

I, the undersigned, being first duly sworn, say that I am the Mother-in-Law of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 60 years, and that Dr. Stevens (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Margaret Harley Signature
Bruneau, Ida. P. O. Address

Subscribed and sworn to before me this 5 day of Aug., 19 42
(SEAL) George R. Jones Notary Public, residing at Bruneau
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Marl E. Eder Registrar.

Aug 1 1912

Aug 1 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1912

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-119-030-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353773
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gemmi (b) City Gearianville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 3 months 11 days

4. FULL NAME OF CHILD

Harry Stone Cotton

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gemmi
(c) City Gearianville
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Gearianville Idaho

5. Date of Birth of Child

(Month, day, year) July 17th 1892

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

George W. Cotton

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace

Pennsylvania

(City or town)

(State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elizabeth Serena Rees

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Idaho

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Montana

County of Beaverhead

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 60 years, and that

Harry Stone Cotton who attended this birth is now deceased I further state that

Thomas T. Green (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of August 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated. Commission Expires January 27-1945)

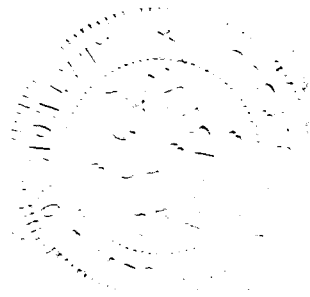
Received for filing on AUG 17 1942 by Malvin E. Blum, Registrar.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-126-4029-915
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

353888
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) 1 Yr

4. FULL NAME OF CHILD

Euclid Code

5. Date of Birth of Child
(Month, day, year) 6-26-1942

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Patrick Code
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Ireland
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Randall
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 60 years, and that Jane Harrison, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharine Rice Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of July, 1942

(SEAL)

C. P. Hinkle

Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Marj E. Fisher, Registrar.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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355025

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Conant Post Office
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Conant Post Office
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Conant, Idaho

4. FULL NAME OF CHILD CLARENCE WINFIELD PARKE

5. Date of Birth of Child
(Month, day, year) Apr. 9, 1882

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Parke
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bountiful Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lucindale Jensen
17. Color White 18. Age at time of THIS birth 8 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (mother's sister) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for sixty years, and that Mary (Mildred) Gamble, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah A. Hess (SARAH A. HESS)
3823 Tampico Ave. Los Angeles, Cal. P.O. Address

Subscribed and sworn to before me this 7th day of July, 19 42

(SEAL) Mary Gamble Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as perjury in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mary Gamble, Registrar.

✓ 150080
AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 225 007 853

355123

355123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Bullion St
(d) Name of Hospital or Maternity Home: No
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. Bullion St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida.

4. FULL NAME OF CHILD Harriet Marion Riley

5. Date of Birth of Child
(Month, day, year) May 25, 1882

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 9th

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Thomas Riley
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace New York
(City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Marion Heckman
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace New York
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D.
Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 60 years, and that Dr. Brown who attended this birth is deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lus a a Johnston Signature

Subscribed and sworn to before me this 4th day of September, 1942
Marion E. Orr Notary Public, residing at Boise, Idaho

(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

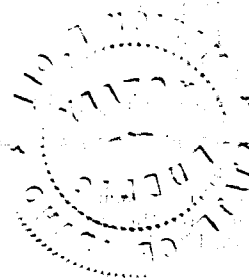
Received for filing on SEP 4 1942 by Marion E. Orr, Registrar.

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313 703 006-299

355194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>County</u> (d) Name of Hospital or Maternity Home <u>own Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>County</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Homer Alonzo La Liberte</u>		5. Date of Birth of Child (Month, day, year) <u>July 3-1982</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u> Legitimate? <u>yes</u>	
7. Twin or Triplet <u>0</u> If so—born 1st, 2nd, 3rd			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Homer La Liberte</u>		16. FULL NAME <u>Blara Ann Birch</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>39</u> yrs.		18. Age at time of THIS birth <u>18-19</u> yrs.	
13. Birthplace <u>Quebec Canada</u> (City or town) (State or foreign country)		19. Birthplace <u>St Albans Vt</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Family</u>		21. Industry or Business <u>Family</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 55 years, and that do not know who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires April 8th, 1946.

Signature Clara Hannah Wilson
P. O. Address 12607- 23rd Ave, Los Angeles, Calif

Subscribed and sworn to before me this 3rd day of August 1942

(SEAL) Elmer H. Field Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

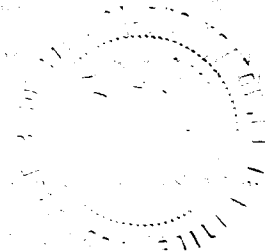
Received for filing on AUG 18 1942 by Mary E. Fisher Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Bay Horse</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>8</u> months <u>17</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Bay Horse</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1</u> yrs +	
4. FULL NAME OF CHILD <u>Aelma Smith</u>		3. RESIDENCE OF FATHER (city, state) <u>Bay Horse Id</u>	
6. Sex <u>Female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>7-3-1882</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Chas. C. Smith</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Chleveland Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>mining</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maria Jane Mulvaney</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>New York City New York</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California }
County of Alameda } SS. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for _____ years, and that E. R. Smith, who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Jane Smith Signature
345 Leroy Ave - Oakland P. O. Address
Subscribed and sworn to before me this 28th day of August, 1942.
(SEAL) Eva M. Lundy Notary Public, Notary Public for Alameda County, State of California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-94, Idaho Code Annotated.)
Received for filing on AUG 31 1942 by Mary E. Bluff Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-110007642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355881**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida. (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Ida

4. FULL NAME OF CHILD Edward E. Brown Sept 10

6. Sex **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Brown

11. Color or Race white **12. Age at time of THIS birth** 30 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business 11

5. Date of Birth of Child (Month, day, year) 1882

8. No. months of Pregnancy **9. Legitimate?**

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Fuson

17. Color or Race white **18. Age at time of THIS birth** 28 yrs.

19. Birthplace (City or town) (State or foreign country) Mo.

20. Exact Occupation Farmer

21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Oregon County of Wheeler } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 60 years, and that Mrs Anna Muttling (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary C. Schmavely Signature
0238 8th Hamilton Portland Ore P. O. Address

Subscribed and sworn to before me this 5th day of Sept. 1942

(SEAL) Wm A. Carter Notary Public, residing at Portland Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

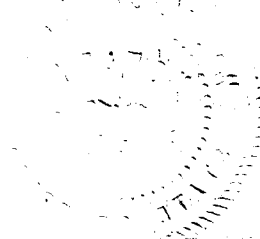
Received for filing on Sept. 14-1942 by Mary C. Schmavely, Registrar.

188855
SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. They were at Oneida at that time
(d) Name of Hospital or Maternity Home: the Birth was in their Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years — months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Ada Waters

6. Sex

Female

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

10. FULL NAME

John Henry Waters

11. Color or Race

White

12. Age at time of THIS birth

29 yrs.

13. Birthplace

Col. Count, Georgia

(City or town) (State or foreign country)

14. Exact Occupation

Farming & Teaming

15. Industry or Business

Freighter

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elizabeth Arlingia Winn

17. Color or Race

White

18. Age at time of THIS birth

36 yrs.

19. Birthplace

Proper, Utah

(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

Series

M.D. Midwife

Address

Date

State of..... County of.....

Utah Series } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 50 years, and that Eta Swan, who attended this birth is now dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malissa Witherspoon

Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of September, 1942

(SEAL)

Miss Mrs. Notary Public, residing at P. O. Box 1000, Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, which expires June 16, 1945)

Received for filing on

SEP 15 1942

by

Mary E. Egan

Registrar.

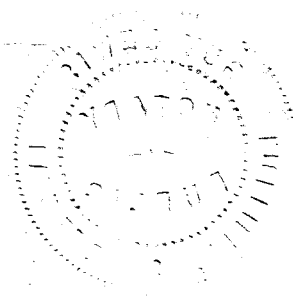
356002

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 107-037-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **357143**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cwyhee (b) City Grand View
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cwyhee
(c) City Grand View
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Wenzel Turner

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan. 2, 1942

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wenzel Turner Sr.
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Luxemburg, Germany
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susana Keyser
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Luxemburg, Germany
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 12 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rose J. Crocheron, who is related to this child as Sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss.
County of Cwyhee

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 60 years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose J. Crocheron Signature

Bruneau, Idaho Grand View P. O. Address

Subscribed and sworn to before me this 14th day of September, 1942

(SEAL)

Clara Jenkins Notary Public, residing at Grand View

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Mabel E. Baker, Registrar.

JUN 25 1947

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-115025489

357457

357457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 9 - 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Mont Idaho</u> (c) Street Address or R.F.D. No. <u>Village</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: <u>15</u> years <u>2</u> months <u>10</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>mt Idaho</u> (c) City <u>Village</u> <u>mt Idaho</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>John Ray Morris</u>		5. Date of Birth of Child (Month, day, year) <u>April 15 day 1882</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9. Legitimate?</u> <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Benjamin Franklin Morris</u>		16. FULL MAIDEN NAME <u>Louise Harriet Morris</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>45</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace (City or town) <u>Rae</u> (State or foreign country) <u>Massachusetts</u>		19. Birthplace (City or town) <u>John Day</u> (State or foreign country) <u>Oregon</u>	
14. Exact Occupation <u>farmer later Receiver</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>and office</u> <u>London Ida</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 19 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Carrie V. Russell who is related to this child as friend & midwife (Mother, etc.)
25. Attendant's OWN signature Carrie V. Russell Address 328-4th St Date 10/6-42

State of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 9 - 1942** by Mary E. Eder, Registrar.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399-206-029-165

United States
Department of Commerce
Bureau of the Census

OCT 8 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357852**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No. N^o
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. N^o
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Edith Pearl Tribble

5. Date of Birth of Child
(Month, day, year) 12-6-1892

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dudley C. Tribble
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace State of Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora A. Jones
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace State of Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. _____ Address _____ Date _____

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 83 years of age, that I have known this person for 60 years, and that Mrs. Simpson who attended this birth dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dudley C. Tribble Signature

Subscribed and sworn to before me this _____ day of _____, 1942
(SEAL) Shu R. Phillips Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

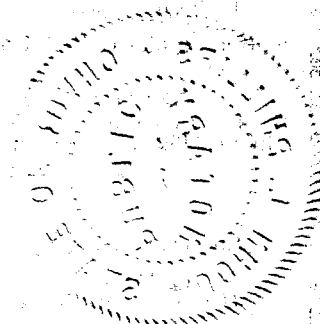
Received for filing on OCT 8 - 1942 by Maude H. [Signature] Registrar.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-2a 0046-954

357910

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Theresa Elisabeth Bailey

6. Sex _____ **7. Twin or Triplet** _____ **8. If so—born 1st, 2nd, 3rd** _____

FATHER OF CHILD
10. FULL NAME William Henry Bailey
11. Color or Race White **12. Age at time of THIS birth** 21 yrs.
13. Birthplace Mount Pleasant Iowa
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business _____

5. Date of Birth of Child (Month, day, year) July 20 1942

8. No. months of Pregnancy 9 **9. Legitimate?** yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Caroline Amelia Rednall
17. Color or Race White **18. Age at time of THIS birth** 19 yrs.
19. Birthplace Swiss Island Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Caroline Bailey, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dee Reed **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho **County of** Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 60 years, and that _____, who attended this birth. is deceased I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Bailey Signature

Hailey Idaho P. O. Address

Subscribed and sworn to before me this 5th day of October, 1942

(SEAL) J. W. Walen Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Marj E. Loper, Registrar.

61476
OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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546-115014-664

358102

358102

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>William Alvin Edwards</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 15, 1882</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George William Edwards</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>South Hampton, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>black smith</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Matilda Agnes Wornack</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) <u>At time of birth and including this child</u> <u>4th</u> (b) <u>Born alive and now living</u> <u>3rd</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho } **County of** King } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 60 years, and that M. Wornack unknown, who attended this birth now deceased I further state that (First name) (Last name) (is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jos. W. Wornack Signature
P. O. Address _____
Subscribed and sworn to before me this 17 day of Oct 1942
(SEAL) _____ Notary Public, residing at Bellevue
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

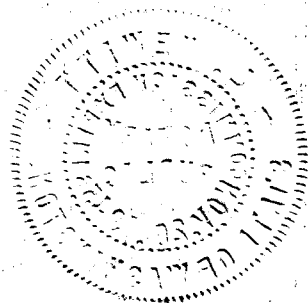
Received for filing on OCT 19 1942 by Mary E. Edgar Registrar.

OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-101-015-693

358115

358115

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 4 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 months
3. **RESIDENCE OF FATHER** (city, state) Idaho,

4. **FULL NAME OF CHILD** Arthur Finly Monroe
7. Twin or Triplet - If so—born 1st, 2nd, 3rd -
6. Sex Male

5. Date of Birth of Child (Month, day, year) July 1, 1882
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Francis Marion Monroe
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Keosauqua Iowa
(City or town) (State or foreign country)
14. Exact Occupation Rail Road Construction
15. Industry or Business Rail Road Industry.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Salome Wittel
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Crawford Ohio
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 60 years, and that (Physician) name not known, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora M. Evans Signature

1237 N. Sierra Bonita Ave. Pasadena, Calif. P. O. Address

Subscribed and sworn to before me this 29 day of September, 1942

U. L. FRYAL U. L. Fryal **NOTARY PUBLIC** Notary Public, residing at Pasadena, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Marj E. Elder, Registrar.

OCT 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

986-111-003-394
OCT 16 1942
(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

358154
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** John William Rhodehouse 5. Date of Birth of Child
(Month, day, year) Aug. 11, 1882
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William H. Rhodehouse
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Truscott
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Mont Pleasant Utah
(City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borax Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 6 P. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 60 years, and that Samuel Wellington who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Mary Rhodehouse Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of Oct., 1942

(SEAL) Therese W. Robert Judge Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mary E. H. H. Registrar.

501828
OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

358155

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
Private home (Transient)
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. None at time
(e) How long has MOTHER lived in Idaho? few days

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDGAR ROSS REISTER

5. Date of Birth of Child
(Month, day, year) July 16-1882

6. Sex male 7. ~~EDGAR~~ single If so—born
1st, 2nd, 3rd 8th

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LEONARD REISTER
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace BADEN GERMANY
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH STARKEY
17. Color or Race white 18. Age at time of THIS birth 41 yrs.
19. Birthplace WHEELING WEST VIRGINIA
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife Address _____ Date _____

State of California }
County of Tulare } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 60 years, and that Edgar Ross Reister who attended this birth _____ I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertie E. Brooks

Signature

Three Rivers, Calif.

P. O. Address

Subscribed and sworn to before me this 5th day of October, 19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Woodlakes Notary Public, residing at Woodlakes, Tulare Co. Calif.

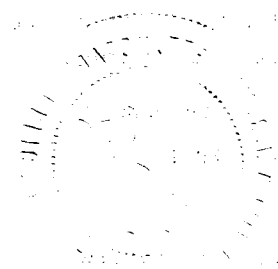
Received for filing on OCT 16 1942 by Mary E. Brooks, Registrar.

201-108
OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 122-001813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360152**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 9 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-9-22 yrs.

4. **FULL NAME OF CHILD** Elishah David Whitlock
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Star Idaho
5. Date of Birth of Child (Month, day, year) May 22, 1882
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas Jefferson Whitlock
11. Color or Race White Age at time of THIS birth 43 yrs.
13. Birthplace Near Springfield Mo
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frances Ellen Hall
17. Color or Race White Age at time of THIS birth 25 yrs.
19. Birthplace Liver Oak California
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California }
County of Ventura } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 60 years, and that Sarah Bass who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Laura Dodd Signature
186 So Pacific Ave Ventura Calif P. O. Address

Subscribed and sworn to before me this 13 day of November 1942
(SEAL) Notary Public, residing at Ventura Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

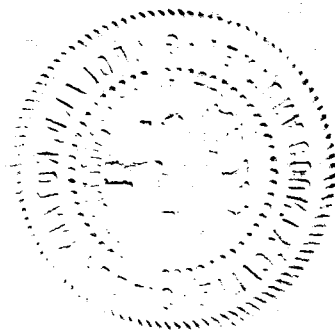
Received for filing on Nov 17 1942 by Marj E. Lefter Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only **BLACK Ink** or **BLACK Record** typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County.....Idaho..... (b) City.....Grangeville.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....at home.....
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State.....Idaho..... (b) County.....Idaho
(c) City.....Grangeville
(d) Street Address or R.F.D. No.....X.....Deceased
(e) How long has **MOTHER** lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

**4. FULL NAME
OF CHILD....**

Bailey Frank Rice

5. Date of Birth of Child

(Month, day, year) Sept. 3, 1882

6. Sex Male

7. Twin or Triplet ☒ XX

If so—born
1st. 2nd. 3rd XX

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME

Moses H. Rice

11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace State of Indiana
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business XX

MOTHER OF CHILD

16. FULL MAIDEN NAME _____

Ellen Boise Leland

17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Portland Oregon
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....XX

23. Number of children of this mother: (a) At time of birth and including this child.....5.... (b) Born alive and now living.....5....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....X.....at.....X.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....X....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date _____

State of.....Idaho.....
County of.....Idaho..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 60 years, and that Mrs. Rhoda Fenn, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nannie Rice Stilwell Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of November 19 42

(SEAL)

Notary Public, residing at Grangeville.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 20 1942 by M. J. H. J. Registrar

DEC 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361760**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Wash.
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD

Evela Susanna Thompson

5. Date of Birth of Child

(Month, day, year) Dec 11, 1882

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Thomas Thompson
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Nevada
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emeline Maria Van Slyke
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Michigan
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Florence Brandle, who is
(First name) (Last name)
related to this child as Sister
(Mother, etc.)

25. Attendant's OWN signature Florence Brandle M.D. Midwife Address Date

State of Oregon }
County of Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 62 years of age, that I have known this person for 39 years, and that
Emeline Maria Van Slyke, who attended this birth. deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Brandle

Signature

NOTARY PUBLIC FOR OREGON

My Commission Expires June 4, 1943.

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL)

Notary Public, residing at Clackamas City, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mary E. Leifer, Registrar.

DEC 4 1942

DEC 10 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

516-118-008-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362051**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Boise** (b) City **Quartzburg**
(c) Street Address or R.F.D. No. **---**
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **2** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Boise**
(c) City **Quartzburg**
(d) Street Address or R.F.D. No. **---**
(e) How long has **MOTHER** lived in Idaho? **12** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Quartzburg, Idaho**

4. **FULL NAME OF CHILD** **Jesse Bradford Hawley**
5. Date of Birth of Child (Month, day, year) **June 18, 1882**
6. Sex **Male** 7. Twin or Triplet **---** If so—born 1st, 2nd, 3rd **---**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME** **James Henry Hawley**
11. Color or Race **White** 12. Age at time of THIS birth **36** yrs.
13. Birthplace **Dubuque, Iowa** (City or town) (State or foreign country)
14. Exact Occupation **Attorney-at-Law**
15. Industry or Business **---**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Mary Elizabeth Bullock**
17. Color or Race **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **New York City, New York** (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **---**

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **---**
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **---** at **---** M. on the date **---** (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **---**, who is related to this child as **---** (Mother, etc.)

25. Attendant's **OWN** signature **---** M.D. **---** Address **---** Date **---**

State of **Washington.**
County of **Spokane.** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **brother** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **60** years, and that **William Rothwell** (First name) (Last name), who attended this birth **is now deceased**. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene J. Hawley Signature
3617 Normandie Street, Spokane, Washington P. O. Address

Subscribed and sworn to before me this **5** day of **December**, 19**42**

(SEAL)

DEPUTY COUNTY AUDITOR
Public, residing at **Spokane, Wash.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 7 1942** by **Mary E. Keefe** Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section-4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 29 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. 115

303289

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>20</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>48</u> yrs.
3. RESIDENCE OF FATHER (city, state)		

4. FULL NAME OF CHILD <u>Annie Laura Evans</u>	5. Date of Birth of Child (Month, day, year) <u>March 23, 1892</u>
6. Sex <u>F</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet _____	9. Legitimate? <u>yes</u>
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward John Evans</u>	16. FULL MAIDEN NAME <u>Ann Thomas</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>44</u> yrs.	18. Age at time of THIS birth <u>38</u> yrs.
13. Birthplace <u>Wales</u>	19. Birthplace <u>Wales</u>	(City or town) _____	(City or town) _____
(State or foreign country) _____	(State or foreign country) _____		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Oneida }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 59 years, and that Sarah Evans, who attended this birth Is now Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice E. Williams Signature

Subscribed and sworn to before me this 14 day of December, 1942

(SEAL) Clark H. McPherson Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho. Code Annotated.)

Received for filing on DEC 21 1942 by Mary E. Fisher, Registrar.

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315 123045-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **863819**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Alturas</u> (b) City <u>Atlanta</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Alturas</u> (c) City <u>Atlanta</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>48</u> yrs. <u>Atlanta, Ida</u>
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4. FULL NAME OF CHILD <u>Peter Edward Cavaney</u>	5. Date of Birth of Child (Month, day, year) <u>Oct. 23, 1882</u>
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>Triplet</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Michael Cavaney</u>	16. FULL MAIDEN NAME <u>Margaret McGee</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Huntingdon, Quebec Canada</u> (City or town) (State or foreign country)	19. Birthplace <u>Huntingdon, Quebec, Canada</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Mining</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Mining</u>	21. Industry or Business <u>Housewife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of Owyhee } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 60 years, and that Dr. John D. Springer, who attended this birth Deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmund Cavaney Signature
Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1942.

(SEAL) W. A. Lewis Probate Judge Murphy, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 10 1943 by Manfred Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: . (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? .. yrs.	
4. FULL NAME OF CHILD <u>Claressa Pratt</u>		5. Date of Birth of Child (Month, day, year) <u>June 22 1882</u>	

6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>#</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Jerod Pratt</u>	11. Color or Race <u>white</u>	16. FULL MAIDEN NAME <u>Charlotte Parkinson</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>43</u> yrs.	13. Birthplace <u>Nauvoo Illinois</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>32</u> yrs.	19. Birthplace <u>Keyssville Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business	20. Exact Occupation <u>House wife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at .. M. on the date .. and at the place stated above, and that personal particulars were furnished by William Franklin Pratt is related to this child as Brother (Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. [Signature] Address [Signature] Date [Signature]

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Maria Thomas who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. Grant Pratt Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this Jan day of 1943
(SEAL) [Signature] Notary Public, residing at Preston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mary E. Edgar Registrar

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) ~~City~~ State of Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in Country home near Montpelier
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Ida May Elliott

6. Sex

Female

7. Twin or Triplet

TripletIf so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo9. Legitimate? Yes

5. Date of Birth of Child

(Month, day, year) Sept. 18, 1882

FATHER OF CHILD

10. FULL NAME

William Lewis Elliott

11. Color or Race

white

12. Age at time of THIS birth

yrs.

13. Birthplace

(City or town)

(State or foreign country) Iowa

14. Exact Occupation

Rail Road man

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Ella Moore

17. Color or Race

white

18. Age at time of THIS birth

yrs.

19. Birthplace

(City or town)

(State or foreign country) Ohio

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 60 years, and that Maatha Elliott (Grand-mother) who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witnesses to Mary Ella Moore Elliott
F. E. Davis Emmya F. Hew Signature
P. O. Address

Subscribed and sworn to before me this 5th day of February, A. D. 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

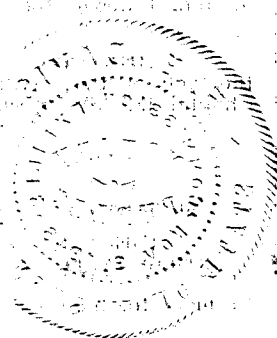
Received for filing on FEB 10 1943 by F. E. Davis Notary Public, residing at Spokane, Wash.
W. J. Elder Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Fremont (b) City _____
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

William Harry Hinton6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William Harry Hinton
11. Color White 12. Age at time of THIS birth 33 yrs.

13. Birthplace Dublin Ireland
(City or town) (State or foreign country)

14. Exact Occupation Trapper

15. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 17 1943
(Date received)

(b) Mary E. Elder
(Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia B. Rushka, being first duly sworn, say that I am acquainted with William Harry Hinton as have known him since birth (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mollie Millham (Name of attendant at birth) who attended said birth. Deceased and that this birth has not been previously recorded.
(If now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of February 1943

(SEAL)

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON
MY COMMISSION EXPIRES MARCH 15th, 1946.

Notary Public, residing at Seattle

Signature

P. O. Address

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



759-217-008-994

367784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (Gem) (b) City Ola
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
Born in home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise (Gem)
(c) City Ola
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Carma Luella Perkins

5. Date of Birth of Child
(Month, day, year) Oct. 17, 1882

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Perkins
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Dryden Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Anora Rider
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 60 years, and that Maranda Perrin, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Burdett B Perkins
Ola, Idaho
Signature P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 43

(SEAL) J. N. Wegener Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary E. Ede, Registrar.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

MAR 22 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Oneida</u>	(b) City <u>Weston</u>	(a) State <u>Idaho</u>	(b) County <u>Oneida</u>
(c) Street Address or R.F.D. No.		(c) City <u>Weston</u>	
(d) Name of Hospital or Maternity Home: <u>at home</u>		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		(e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	

4. FULL NAME OF CHILD <u>Anna Christine Elizabeth Jensen</u>	5. Date of Birth of Child (Month, day, year) <u>Sep 25 - 1882</u>
7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>
6. Sex <u>Female</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Soren Jensen</u>	16. FULL MAIDEN NAME <u>Anna Bolott Jensen</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>29</u> yrs.
11. Birthplace <u>Silkeborg</u> (City or town)	19. Birthplace <u>Rogen</u> (City or town)	20. Exact Occupation <u>School Teacher</u>	21. Exact Occupation <u>midwife</u>
12. Age at time of THIS birth <u>45</u> yrs.	22. Exact Occupation <u>School Teacher</u>	23. Industry or Business	24. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related as (Mother, etc.)

25. Attendant's OWN signature Elizabeth Clark M.D. Midwife Address Weston Idaho Date (deceased)

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Elizabeth Clark (First name) deceased (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Nephi Jensen P.O. Address

Subscribed and sworn to before me this 13 day of March, 1943

(SEAL) Ben R. Jensen Notary Public, residing at Butte Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 22 1943 by John E. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

118092
APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-107.029-765

369559

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: X 6 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? X 6 yrs.

3. RESIDENCE OF FATHER (city, state) Latah Co.

4. FULL NAME OF CHILD Oliver Ullery
5. Date of Birth of Child (Month, day, year) Aug. 27 1882

6. Sex M 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Samuel Ullery
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Poe
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
State of Washington County of Whitman } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 60 years, and that X Dr. Williams who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Sarah Ellen Parker Signature
Palouse Washington P. O. Address
Subscribed and sworn to before me this 9th day of April, 1943
(SEAL) W. H. Harper Notary Public, residing at Palouse Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

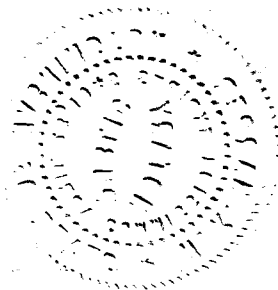
Received for filing on APR 15 1943 by Mary Elder Registrar.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369708

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Loretta Elma Glenn 5. Date of Birth of Child Nov. 13, 1882
(Month, day, year)

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>James Franklin Glenn</u> | 16. FULL MAIDEN NAME <u>Sarah Elizabeth Denton</u> | 17. Color <u>white</u> or Race _____ | 18. Age at time of THIS birth <u>27</u> yrs. |
| 11. Birthplace <u>Boone Co., Arkansas</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Boone Co., Arkansas</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Mill worker</u> | 21. Exact Occupation <u>housewife</u> |
| 12. Age at time of THIS birth <u>33</u> yrs. | 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | 23. Number of children of this mother: (a) At time of birth and including this child <u>four</u> (b) Born alive and now living <u>three</u> | |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Oregon } ss.
County of Marion

I, the undersigned, being first duly sworn, say that I am the an older sister of the person whose name appears in Item 4, birth above, that I am now Seventy years of age years of age, that I have known this person for I was ten years, and that Walsa Aufrane, who attended this birth Do not know I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) _____ (Last name) _____
X Walsa Aufrane Signature
3415 State, Salem, Oregon P. O. Address
Subscribed and sworn to before me this 16th day of April, 1943
(SEAL) Reed Smith Notary Public, residing at Salem Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires March 4, 1944

Received for filing on APR 21 1943 by Mary E Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

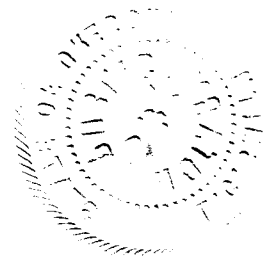
735-213-001-455

APR 2 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215 719 036 792

371001

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>4 1/2</u> yrs. ⁺	
4. FULL NAME OF CHILD <u>Alfred Henry Sanderson</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>April 19 = 1882</u> ⁺	
6. Sex <u>male</u>		8. No. months of Pregnancy _____ 9. Legitimate? _____	
FATHER OF CHILD 10. FULL NAME <u>William Henry Sanderson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>40</u> yrs. ^x 13. Birthplace <u>Kentucky</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maria Arbon</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>England</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.) _____

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

AFFIDAVIT

State of Idaho } ss.
County of Bannock }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister _____ of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for _____ years, and that Mrs. Sawyer (First name) _____ (Last name) _____, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of April, 1943
(SEAL) _____, Notary Public, residing at Lawa Hot Springs Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

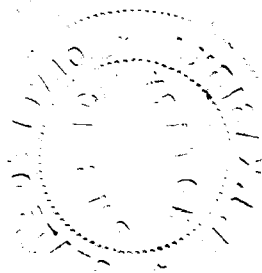
Received for filing on May 4 1943 by Mam E Elder Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693 127025 466

371039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

MAY 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City mt Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City mt Idaho
(d) Street Address or R.F.D. No.

(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 0 months 0 days

(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.
3. RESIDENCE OF FATHER (city, state) mt Idaho Idaho

4. FULL NAME OF CHILD Orn Oscar Wilmon

5. Date of Birth of Child
(Month, day, year) Feb 27-1882

6. Sex Male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Thomas Allen Wilmon
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace mt Idaho Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Jenny Moore
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Montgomery City, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Spokane

I, the undersigned, being first duly sworn, say that I am the Spokane of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 61 years, and that Mrs Mary Swartz, who attended this birth dec 24 I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Lovcoran Signature
Spokane Wash. 1829 Broadway Address

Subscribed and sworn to before me this 27th day of April, 1943.
(SEAL) Evelyn Howels Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 - 1943 by Mary E. Lovcoran Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



264 112-004-313

374236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Beau Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mothers stay **BEFORE** delivery:
In **THIS** county 26 years 6 months 16 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Beau Lake
(c) City Single
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Horace Southworth
5. Date of Birth of Child
(Month, day, year) 12 Jan 1882

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chester Southworth
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Nauvoo Hancock Co., Illinois
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business
16. **FULL MAIDEN NAME** Agnes Caldwell
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Glasgow Scotland
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

- State of Idaho } ss.
County of Beau Lake }

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 69 years of age, that I have known this person for 61 years, and that
....., who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 29 day of June, 1943
(SEAL) Sarah H. Holman Signature
Notary Public, residing at Brigham City Utah P.O. Address

- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
- Received for filing on JUL 6 - 1943 by Mary Elder Registrar.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 69 years of age, that I have known this person for 61 years, and that
....., who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 29 day of June, 1943
(SEAL) Sarah H. Holman Signature
Notary Public, residing at Brigham City Utah P.O. Address

- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
- Received for filing on JUL 6 - 1943 by Mary Elder Registrar.

- Received for filing on JUL 6 - 1943 by Mary Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

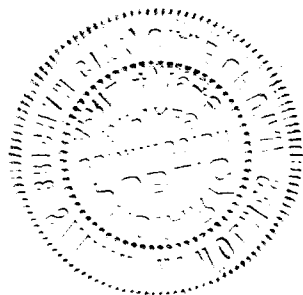
6461

4 705

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



43-114 001-391

374523

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 yrs.3. RESIDENCE OF FATHER (city, state) Boise, Idaho5. Date of Birth of Child
(Month, day, year) Jan 14, 18824. FULL NAME
OF CHILDJames Lee Daly6. Sex male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL
NAMEWilliam Daly11. Color
or Race white12. Age at time
of THIS birth 40 yrs.13. Birthplace
County Unionville,
(City or town) Missouri,
(State or foreign country) Putnam14. Exact
Occupationfarmer15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAMEMargaret Crawford17. Color
or Race white18. Age at time
of THIS birth 35 yrs.

19. Birthplace

State of Iowa,
(City or town) (State or foreign country)20. Exact
Occupationhousewife21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's
OWN signatureM.D.
Midwife

Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister.....of the person whose name appears in Item 4,
above, that I am now 69 years of age, that I have known this person for 61 years, and that

Mrs. West, the midwife....., who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Lacy S. Marshall.....Signature
2704 Jefferson Str. Boise, Idaho.....P.O. Address

Subscribed and sworn to before me this 19th day of July, 19 43

(SEAL)

Wm. E. Dunbar.....Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Marcel E. Elder.....Registrar.

JUL 20 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-216-553

375790

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Willow Creek
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 7 months _____ days _____

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho from 1901 until death

4. **FULL NAME OF CHILD** Julia Samuelson
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho
5. Date of Birth of Child (Month, day, year) Nov 12 1882
8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** August Samuelson
11. Color or Race Swedish 12. Age at time of THIS birth 29 yrs.
13. Birthplace Stockholm, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Katherine Nelson
17. Color or Race Bluish 18. Age at time of THIS birth 25 yrs.
19. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ P. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara W. Matthews
(First name) (Last name)
who is related as Friend of Family (Mother, etc.)
25. Attendant's OWN signature Clara D. Matthews Address Oakley Idaho Date _____

State of Idaho } ss.
County of Cassia

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Friend of family of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for all her life years, and that
Clara W. Matthews who attended this birth. I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Clara D. Matthews Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 19 day of July, 1943
(SEAL) C. Larson Notary Public, residing at Oakley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

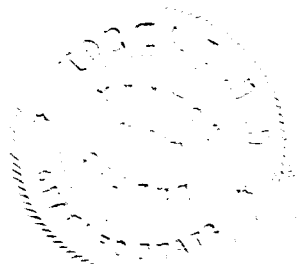
Received for filing on AUG 2 1943 by Marj E. Edgar Registrar.

AUG 2 - 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order of coin.

249-205-035-299

377186

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Neyperce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Neyperce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>45</u> yrs.	
4. FULL NAME OF CHILD <u>Ida Abigail Burns</u>		5. Date of Birth of Child (Month, day, year) <u>February 5-1892</u>	
6. Sex <u>Girl</u>	7. Twin or Triplet <u>None</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Nelson Burns</u>		16. FULL MAIDEN NAME <u>Catharine M. Lenzel Kirk</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>45</u> yrs.		18. Age at time of THIS birth <u>45</u> yrs.	
13. Birthplace <u>Freetown P.E.I.</u> (City or town) (State or foreign country)		19. Birthplace <u>Freetown P.E.I.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer & Carpenter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of California } ss.
County of Los Angeles (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 74 years of age, that I have known this person for 61 years, and that
Dr. Maxley who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Robert Burns Signature
411-E-Esther California P. O. Address

Subscribed and sworn to before me this 9th day of August, 1943
(SEAL) Robert B. Avery Notary Public, residing at Long Beach Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by Mary E. Edger Registrar.

AUG 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

219-227-001-219

377304

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

377304

1. PLACE OF BIRTH
County of Ada
City or Boise Valley
No. 10 miles west of Boise
on a farm.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clara Belle Barber

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept. 27, 1922
(Month, Day, Year)

9. Full name Thomas Barber FATHER

18. Full maiden name Eliza Jane Baird MOTHER

10. Residence (usual place of abode) Boise Valley
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Boise Valley
(If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 44 (years)

20. Color or race white 21. Age at last birthday 34 (years)

13. Birthplace (city or place) Belfast
(State or Country) Ireland

22. Birthplace (city or place) Kingston
(State or Country) Dom. of Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work October, 1902

25. Date (month and year) last engaged in this work June 23, 1894

17. Total time (years) spent in this work during most of life

26. Total time (years) spent in this work about 30 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

five (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed SEP 27 1943, 193 377304

Registrar.

Registrar.

401.113

DELAYED

201.113

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Esther A. Hutcheson being first duly sworn says that
is the sister of Clara Belle Busby (nu Barber)
(Relationship of child)*
born September 27th 1882 at farm, ten miles west of Boise, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that said party desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Clara Belle Busby (nu Barber) - now
residing in Santa Cruz California hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Mary Jane Clark **M.D.** was the
Midwife
medical attendant at the birth of said Clara Belle Busby (nu Barber) and that
the said medical attendant is now deceased in the year 1902
(Now deceased (or) cannot be located)

Name of Affiant Esther A. Hutcheson
P. O. Address Meridian Idaho

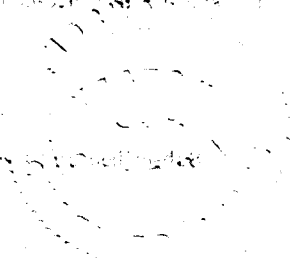
Subscribed and sworn to before me this 25 day of September, 1943
W. L. Lawson
Notary Public.

Residing at Meridian, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 27 1943

Information for the use of the public



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-101035-873
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **877370**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Cameron</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Cameron</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Viola King</u> 7. Twin or Triplet <u>-</u> If so—born 1st, 2nd, 3rd 6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>4-1-1892</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>James Porter King</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>55</u> yrs. 13. Birthplace <u>Columbus Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eliza Ann Hicks</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>45</u> yrs. 19. Birthplace <u>New York, New York</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at 8:30 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William King, who is
(First name) (Last name)
related to this child as Brother
(Mother, etc.)

25. Attendant's OWN signature William King M.D. R-2 Box 207
Midwife Address Puyallup Wash. Date 10-7-42

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(Mother, etc.)
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William King Signature
Abnakee, Idaho
P. O. Address
Subscribed and sworn to before me this 9th day of August, 1943
(SEAL) J. M. Mahan Notary Public, residing at Orfino
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

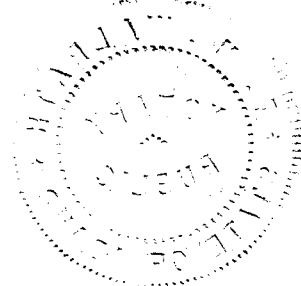
Received for filing on AUG 31 1943 by Malv F. Linder, Registrar.

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377373**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City
(c) Street Address or R.F.D. No. Stockton
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No. Stockton
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD

Sometimes incorrectly called Hyrum
Joseph Hyrum Foster & J. Foster

5. Date of Birth of Child

(Month, day, year) Dec. 3, 1882

6. Sex Male

7. Twin or Single If so—born
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Elton Foster
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Do not know (City or town) (State or foreign country)
14. Exact Occupation Farmer & logger
15. Industry or Business Farm & saw mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Eliz. Clements
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Do not know (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2:10 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles E. Foster, Jr who is related to this child as Brother (First name) (Last name)
(Mother, etc.)

25. Attendant's All attendants dead. M.D. Address Date
OWN signature

State of Idaho ss.
County of Soda Springs

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 61 years, and that Mrs Cox, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles E. Foster Jr Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 25th. day of August, 1943
(SEAL) Notary Public Notary Public, residing at Soda Springs, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by Maude H. Elder Registrar.

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-216-004-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377390
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No. 24
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Georgetown, Idaho

4. **FULL NAME OF CHILD** Mary Belle Robison
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

10. **FATHER OF CHILD**
10. **FULL NAME** Solon Wells Robison
11. Color White or Race _____ 12. Age at time of THIS birth 39 yrs.
13. Birthplace Jackson County Missouri
(City or town) (State or foreign country)
14. Exact Occupation Pioneer and rancher
15. Industry or Business _____

16. **MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lydia Margarette Stokes
17. Color White or Race _____ 18. Age at time of THIS birth 37 yrs.
19. Birthplace Springfield Ill.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Wyoming } ss.
County of Big Horn }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 88 years of age, that I have known this person for life years, and that
Not Known (Mrs.) Bridgers _____, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Phoebe Robison _____ Signature
Byron Wyoming _____ P. O. Address

Subscribed and sworn to before me this 28th day of August, 1943.
(SEAL) Labrum _____, Notary Public, residing at Lowell, Wyoming.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1945 by Mabel Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377450**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce, now Latah, Moscow</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at the residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Carl E. Smith</u>		5. Date of Birth of Child <u>June 7, 1882</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Hans D. Smith</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lina Simonson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth	
13. Birthplace <u>Bergen, Norway</u> (City or town) (State or foreign country)		19. Birthplace <u>Christiana, Norway</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Same</u>		21. Industry or Business <u>Same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3rd</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 85 years of age, that I have known this person for 60 years, and that
Mrs. Anna Freng who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

(Julia V. Smith)

Julia V. Smith
403 N. Washington St., Moscow, Idaho
Address

Subscribed and sworn to before me this 31st day of August, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Probate Judge Moscow, Idaho

Received for filing on SEP 8 1943 by Marj E. E. E. Registrar.

SEP 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

698-113001962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

378856 378856

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Born in home of parents

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 22 years 6 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Green Meadows near Boise

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 48 yrs.

4. **FULL NAME OF CHILD**

Otto Joseph Fry

5. Date of Birth of Child

(Month, day, year) Jan 13th 1882

6. Sex Male

7. Twin or Triplet

If 1 born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**

George Washington Fry

11. Color or Race White

12. Age at time of THIS birth

13. Birthplace Oakdale Marion Co. Iowa
(City or town) (State or foreign country)

14. Exact Occupation Stock raising & Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Mary Robinson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Albia Iowa
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of Oregon } ss.
County of Klamath

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 61 years, and that
Sarah Andrews who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

George S. Fry Signature
15 Klamath Falls Oregon P. O. Address

Subscribed and sworn to before me this 4th day of October, 19 43

(SEAL)

(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 20 1943 by Mary H. Fry Registrar.

NOTARY PUBLIC FOR OREGON

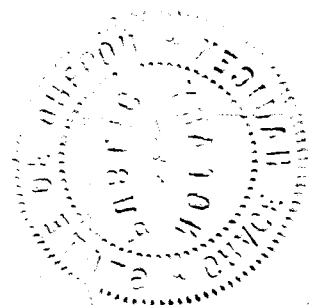
COMMISSION EXPIRES JAN. 3, 1944

OCT 20 190

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893 11502S 251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380640**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at parent's home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville, Idaho
5. Date of Birth of Child
(Month, day, year) April 15, 1892

4. **FULL NAME OF CHILD** Joseph Matthew Hill
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Hill
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace IRELAND (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Jane Kearney
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lewin }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 84 years of age, that I have known this person for years, and that
Mrs. John Crooks who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 29 day of October, 1943
(SEAL) Benny Comstock Notary Public, residing at Grangeville Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by Myrtle E. ... Registrar.

8761 6 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-218-004-133

380755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 19 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City St. Charles
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

4. **FULL NAME OF CHILD** Classic Adaline Wilhelmsen

5. Date of Birth of Child
(Month, day, year) 11-18-1882

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian William Wilhelmsen
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Copenhagen, Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Erina Angelia Alfred
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Granville, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of IDAHO } ss.
County of BEAR LAKE

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now sixty three years of age, that I have known this person for sixty years, and that
Annie Fisher (First name) (Last name), who attended this birth is now deceased, I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nina W. Michaelson Signature
St. Charles Idaho P. O. Address

Subscribed and sworn to before me this 9th day of November, 1943.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Paris, Idaho

Received for filing on NOV 19 1943 by [Signature] Registrar.

NOV 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386041

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County ONEIDA (b) City SAMARIA
 - (c) Street Address or R.F.D. No. NONE
 - (d) Name of Hospital or Maternity Home: NONE
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years 5 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State IDAHO (b) County ONEIDA
 - (c) City SAMARIA
 - (d) Street Address or R.F.D. No. NONE
 - (e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAMARIA, IDAHO

4. **FULL NAME OF CHILD** MARION FRANKLIN JENSEN

5. Date of Birth of Child MARCH 23, 1942
(Month, day, year)

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN PETER JENSEN
11. Color or Race WHITE 12. Age at time of THIS birth 36 yrs.
13. Birthplace SUNBY, AALBORG DENMARK
(City or town) (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business BLACKSMITHING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ANN ESKILSEN
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace VENSYSBELL, AALBORG DENMARK
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of CALIFORNIA
County of LOS ANGELES ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now SIXTY-NINE years of age, that I have known this person for LIFE years, and that

PERSON who attended this birth IS UNKNOWN TO ME
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Alma Peter Jensen Signature
1926 JUANITA AVENUE, PASADENA 6, CALIF. P. O. Address

Subscribed and sworn to before me this 6TH day of MARCH, 1944
(SEAL) John M. Murphy Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **COUNTY OF LOS ANGELES**
STATE OF CALIFORNIA

Received for filing on MAR 10 1944 My Commission Expires May 8, 1945 Mark H. Blum Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-204,016-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **386152**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Conor Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county --- years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Conor Creek (Eba)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 months
3. **RESIDENCE OF FATHER** (city, state) Conor Creek, Id

4. **FULL NAME OF CHILD** Julia Alberta Harris

5. Date of Birth of Child
(Month, day, year) 6-4-1882

6. Sex Female 7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd 9th

8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Harris
11. Color or Race Wh. 12. Age at time of THIS birth 50 yrs.
13. Birthplace Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lucinda Landon
17. Color or Race Wh. 18. Age at time of THIS birth 42 yrs.
19. Birthplace Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature Rachel Cole-midwife-now dead M.D. Address Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 61 plus years, and that
Mrs Rachel Cole who attended this birth is dead
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Elizabeth Ann Harris Parke Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 1944
(SEAL) Nancy W. Fisher Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by..... Registrar.

MAR 20 1944

Mabel P. Bledsoe

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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349-124-001-231

388914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City..... (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>James G. Turner</u>		3. RESIDENCE OF FATHER (city, state) <u>Ada County</u> 5. Date of Birth of Child (Month, day, year) <u>July 24, 1882</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate?
FATHER OF CHILD 10. FULL NAME <u>John Turner</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Crab Orchard, Ky</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stock Raiser</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alice Blaylock</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Hang Town, Calif</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)
25. Attendant's OWN signature..... **M.D.**..... **Address**..... **Date**.....
 Midwife

State of Idaho Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 61 years, and that....., who attended this birth..... I further state that.....
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fonda Turner Pender Signature
1812 S.E. Redway Pittman Ave P. O. Address

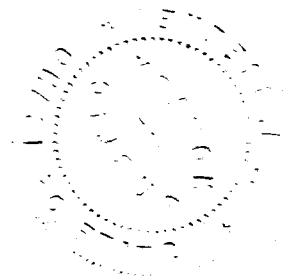
Subscribed and sworn to before me this 5th day of May, 1944.
L. M. Giese Notary Public, residing at Boise Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for Filing on MAY 6 1944 by Mabel Helder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-217029 415

390050

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW Ida

4. **FULL NAME OF CHILD** Myrtle May Caldwell
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Feb 17 1882
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Valentine Caldwell
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Salem Ore.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Amanda Davison
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Eugene Ore.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. **Number of children of this mother** (at all time existing including this child at birth) 3
Born alive and now living 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the second cousin of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 61 years, and that Dr. Clark, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Witness to name Theresa Ditter John L. Benson Signature
Mattie Ditter Stacy Mark Oregon P. O. Address

Subscribed and sworn to before me this 9th day of May, 1944
(SEAL) E. A. Ditter Notary Public, residing at Sublimity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **NOTARY PUBLIC FOR OREGON**

Received for filing on MAY 19 1944 by Mary H. Elder Registrar.

COMMISSION EXPIRES NOV. 21, 1944

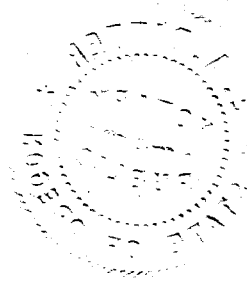
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MAY 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Report by a physician or
midwife, or by affidavits of the father or mother of the child, or if
neither father or mother of the child is living or accessible, of the
nearest of kin or guardian, or some person having direct knowledge
in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294 204 004 376

390083

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bear Lake (b) City Paris

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county 17 years _____ month _____ days.

4. FULL NAME OF CHILD

Pearl Kimball

5. Date of Birth

(Month, day, year) Dec-1882

6. Sex Female

7. Twin or Triplet

If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

William Glenn Kimball

11. Color or Race

White

12. Age at time of THIS birth 31 yrs.

13. Birthplace

Salt Lake City Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

16. FULL MAIDEN NAME

Calista Florence Thornton

17. Color or Race

White

18. Age at time of THIS birth 28 yrs.

19. Birthplace

Council Bluffs Iowa

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

(c) Born alive and now dead _____

(d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by Pearl Kimball, who is

related to this child as mother

(First name) (Last name)

26. (a) MAY 26 1944

(Date received)

(b) Mary Heider

(Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

(D.O., Midwife, etc.)

and address _____

Date _____

State of Idaho

County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Calista F. Kimball, being first duly sworn, say that I am Related to
Pearl Kimball as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no midwife, who attended

said birth cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Calista F. Kimball

Highway Idaho

Signature

P. O. Address

Subscribed and sworn to before me on this 3rd day of March, 1944

(SEAL)

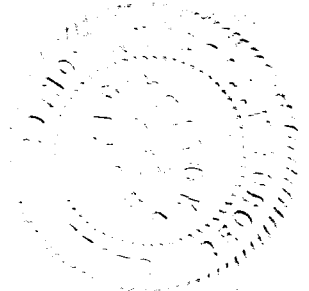
George M. Lamm Notary Public, residing at Miner, Idaho

MAY 20 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268 128 007-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390099**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Belleuve
(c) Street Address or R.F.D. No. Second Street
(d) Name of Hospital or Maternity Home:
at home
(e) Mothers stay BEFORE delivery:
In THIS county 25 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Belleuve
(d) Street Address or R.F.D. No. Second Street
(e) How long has MOTHER lived in Idaho? life yrs.

4. FULL NAME OF CHILD

William Franklin Kohler5. Date of Birth of Child
(Month, day, year) Nov. 28, 1882

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Kohler
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Redding Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Patline VanCuren
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Weber River Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:00 P.M. on the date
(Born alive, stillborn) Pauline VanCuren Kohler
and at the place stated above, and that personal particulars were furnished by mother
(First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 86 years of age, that I have known this person for 61 years, and that
Dr. Wheeler (initials unknown) who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Pauline Kohler Uehsen Signature
835 E. Halliday, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of May, 1944

(SEAL)

Norman T. StearnsNotary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

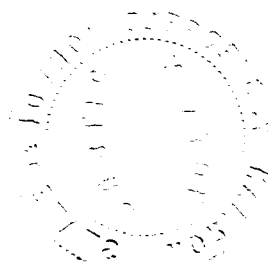
Received for filing on MAY 25 1944 by Mabel Helder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 210-045-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **392881**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Alturas (b) City Atlanta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Alturas
(c) City Atlanta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Atlanta Idaho

4. **FULL NAME OF CHILD** Elizabeth Etta Riley
5. Date of Birth of Child (Month, day, year) Jan 10 1882
6. Sex Female
7. Twin or Triplet
8. No. months of Pregnancy
9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George Bryant Riley
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Mining

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Charlotte Luella Norton
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Suffield Conn
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Massachusetts } ss.
County of Hampden

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 62 years, and that
Mrs. McLaughlin who attended this birth cannot be located. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

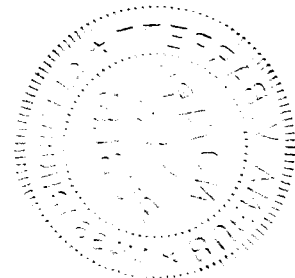
Subscribed and sworn to before me this 10th day of July, 1944
(SEAL) Bruce V. Barrett Notary Public, residing at 78 Clinton St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914 Idaho Code Annotated.)
Received for filing on JUL 21 1944 by John H. Hager Registrar.

9761 I 90V

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

114 201 035-413

United States
Department of Commerce
Bureau of the Census

OCT 20 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **190896**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years 9 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Ethel Minnie Jamison
5. Date of Birth of Child Aug. 1 1882
(Month, day, year)
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George Jamison
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Sahlsberry, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith & farming
15. Industry or Business _____

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Arsula Malone
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Union County Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of _____ } ss.
County of _____ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 62 years, and that Hechtner is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of Sept, 1944
(SEAL) _____ Notary Public, residing at Firth, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

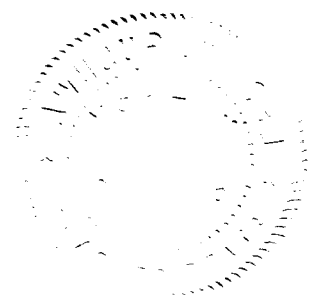
Received for filing on OCT 24 1944 by Mabel Holder Registrar.

1911 9 2 190

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

466-206-044 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

396900
396900
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>WEISER</u> (c) Street Address or R.F.D. No. <u>Rural Home</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years <u>2</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>OREGON</u> (b) County <u>UNION</u> (c) City <u>ISLAND CITY</u> (d) Street Address or R.F.D. No. <u>RURAL</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>LILLIE VERONA MOORE</u>		5. Date of Birth of Child (Month, day, year) <u>JULY 6, 1882</u>	
6 Sex <u>FM</u>	7. Twin or Triplet <u>NO</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>JAMES MOORE</u>		14. FULL MAIDEN NAME <u>LAURA ALICE SAILING</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>CAINSVILLE MISSOURI</u> (City or town) (State or foreign country)		19. Birthplace <u>WEBFOOT OREGON</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>FARMER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business <u>SAME</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>0</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of IDAHO **County of** ADA } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 62 years, and that A MRS. TAYLOR who attended this birth IS NOW DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

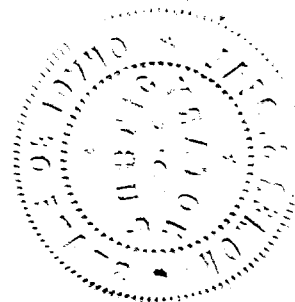
Subscribed and sworn to before me this 11th day of October, 19 44
(SEAL) _____, Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 27 1944 by Mary Helder, Registrar

OCT 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-105 044-652

396932

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **396932**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Salubria</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>1</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Near Salubria</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Bert - Hutchings</u>		5. Date of Birth of Child (Month, day, year) <u>December 5, 1882</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>—</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Joseph Whitford Hutchings</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>28</u> yrs. 13. Birthplace. <u>Harbor Bridge, Devon Shire, England</u> (City or town) (State or foreign country) 14. Exact Occupation. <u>Mining & Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia Maria Weston</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>24</u> yrs. 19. Birthplace. <u>Near Springfield, Sangamon County</u> (City or town) (State or foreign country) 20. Exact Occupation. <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ? M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho County of Ada } ss. **AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now Sixty five years of age, that I have known this person for Sixty two years, and that Dr. J. Sater who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of November, 1944.
 (SEAL) W. H. H. H. Notary Public, residing at Boise, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

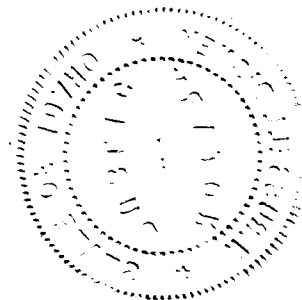
Received for filing on Nov 22 1944 by Mal H. H. Registrar.

NOV 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **399515**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City (c) Street Address or R.F.D. No. <u>on a ranch</u> (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days ?		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Harry Bean</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 19, 1882</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Fairwell Bean</u>	11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>3</u> yrs.	13. Birthplace (City or town) <u>Idaho</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business	16. FULL MAIDEN NAME <u>Nancy Elliot</u>	17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>26</u> yrs.	19. Birthplace (City or town) <u>Idaho</u> (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie William (First name) (Last name) who is related as sister (Mother, etc.)

25. Attendant's OWN signature WOLF CREEK, OREGON **M.D. Address** Wolf Creek, Oregon **Date** Dec. 23-1944

State of Oregon **County of** Josephine } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 63 years, and that Mrs. Thorp who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of December, 1944
(SEAL) Bladen E. Youngblood Notary Public, residing at Brant Pass, Oregon
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JAN 2 1945 by Regist Registrar

NY 61 2 NYC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

368-220-237-668

JAN 23 1945

400857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Buyher</u> (b) City <u>Brunswick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: <u>born & raised at</u> In THIS county years months <u>Brunswick</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Buyher</u> (c) City <u>Brunswick</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>all her life</u> yrs	
4. FULL NAME OF CHILD <u>Annie Taylor</u>		5. Date of Birth of Child (Month, day, year) <u>April 20 1882</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u>	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>yes</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph A Taylor</u>	16. FULL MAIDEN NAME <u>Maggie Buyher</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>1/2 Indian</u>	12. Age at time of THIS birth <u>unknown</u> yrs.	18. Age at time of THIS birth <u>unknown</u> yrs.
13. Birthplace <u>unknown</u> (City or town) (State or foreign country)	19. Birthplace <u>Brunswick</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>Farm wife</u>		
15. Industry or Business <u>Farming</u>	21. Industry or Business <u></u>		
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>living</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Annie Taylor at 3 A. M. on the date April 20 1882 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Joseph Taylor (first name) (Last name)
who is related as father (Mother, etc.)

25. **Attendant's OWN signature** Deceased **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of _____ ss. (To be completed when the attendant does not sign in Item 25.)
County of _____
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of January, 1945
(SEAL) Sam C. Mahall, Notary Public, residing at Brunswick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

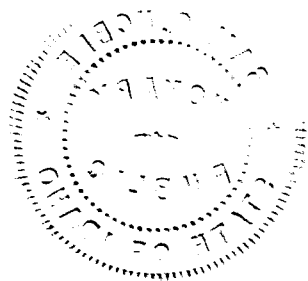
Received for filing on JAN 26 1945 by Mabel K. Bell, Registrar

JAN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-117.229-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **400945**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>JULIETTA</u> (c) Street Address or R.F.D. No. <u>IDAHO</u> (d) Name of Hospital or Maternity Home: <u>OWN HOME IN THE COUNTRY</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>JULIETTA</u> (d) Street Address or R.F.D. No. <u>RED</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>JOHN Wesley TAYLOR</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 17. 1882</u>	
6 Sex <u>MALE</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>EPHRIAM TAYLOR</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth _____ yrs. 13. Birthplace <u>Rural Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>BLACKSMITH</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>LILLIE LAURETTA HUNTER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Rogue River Valley Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho County of Blaine ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the step aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for more 1882 years, and that Lillian Hunter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of January, 1945
(SEAL) Edmund H. Jones Notary Public, residing at Planghton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

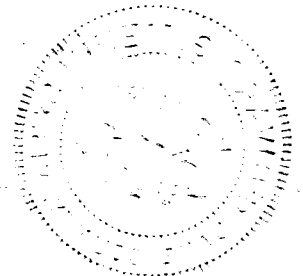
Received for filing on FEB. 3 1945 by Mabel, Registrar

FEB 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-230-225-239
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

401052
State File No. 401052
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Idaho</u> (b) City <u>Bozeman</u>		(a) State <u>Idaho</u> (b) County <u>Idaho</u>	
(c) Street Address or R.F.D. No. _____		(c) City <u>Bozeman</u>	
(d) Name of Hospital or Maternity Home: _____		(d) Street Address or R.F.D. No. _____	
(e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		(e) How long has MOTHER lived in Idaho? _____ yrs.	
3. RESIDENCE OF FATHER (city, state) _____		4. FULL NAME OF CHILD <u>Harriet Rose Coder</u>	
5. Date of Birth of Child (Month, day, year) <u>Jan 30-1882</u>		6. Sex <u>Female</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy _____	
9. Legitimate? <u>yes</u>		10. FULL NAME FATHER OF CHILD <u>Eli Coder</u>	
11. Color <u>w</u> 12. Age at time of THIS birth <u>37</u> yrs.		13. Birthplace <u>Pennsylvania</u> (City or town) _____ (State or foreign country) _____	
14. Exact Occupation <u>Farmer</u>		15. Industry or Business _____	
16. FULL MAIDEN NAME MOTHER OF CHILD <u>Mary Louise Strach</u>		17. Color _____ 18. Age at time of THIS birth <u>28</u> yrs.	
19. Birthplace <u>Pennsylvania</u> (City or town) _____ (State or foreign country) _____		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business _____		22. Name prophylactic used to prevent Ophthalmia Neonatorum _____	
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____ Midwife _____

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that midwife who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. (First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 7 day of March 1944
(SEAL) Charles Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

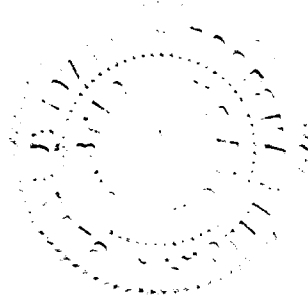
Received for filing on March 7-1945 by Maribel F. Elder, Registrar

MAR 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-222-003-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **402146**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Stochton</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Stochton</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>70</u> yrs.	
4. FULL NAME OF CHILD <u>MARY ELIZABETH KENDALL</u>		5. Date of Birth of Child (Month, day, year) <u>NOV-22-1882</u>	
6 Sex <u>FEMALE</u> 7. Twin or Triplet <u>1</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>JOSEPH BRADFORD KENDALL</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth _____ yrs. 13. Birthplace _____ (City or town) _____ (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>FARMING</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elyza Ann Kendall</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Wester County</u> (City or town) _____ (State or foreign country) 20. Exact Occupation <u>Farmer</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

State of Idaho **County of** Franklin **ss.** _____

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 83 years, and that month Cooper who attended this birth dead I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Elyza Ann Kendall Wester Idaho her mark X Signature
P. O. Address _____

Subscribed and sworn to before me this 17 day of Feb. 1945
(SEAL) Thomas E. Rose Notary Public, residing at Wester Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

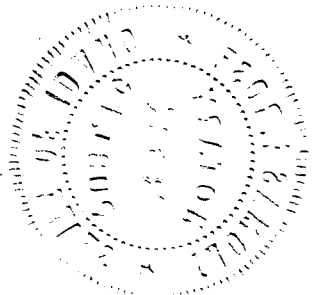
Received for filing on FEB 27 1945 by Mary H. H. H. Registrar

FEB 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



284-225-036766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402181**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Clifton Ida**4. FULL NAME**OF CHILD Lumana Shurtliff**5. Date of Birth of Child**(Month, day, year) Sept. 25, 1882

6 Sex F **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months _____ **9. Legitimate?** Yes
of Pregnancy 9

FATHER OF CHILD

10. FULL NAME Salah Shurtliff
11. Color _____ **12. Age at time** _____
or Race White of THIS birth 21 yrs.
13. Birthplace Brigham City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriett Emil Howell
17. Color _____ **18. Age at time** _____
or Race White of THIS birth 17 yrs.
19. Birthplace Clifton Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 83 years of age, that I have known this person for Life years, and that Jane Howell who attended this birth Deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Salah Shurtliff Signature
Idaho Falls, Ida P. O. Address

Subscribed and sworn to before me this 28th day of February, 1945.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-512, Idaho Code Annotated.)

Received for filing on SEP 5 - 1945 by Mary H. [Signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1958

MAR 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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345-123 029-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **402276**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Massena</u> (c) Street Address or R.F.D. No. <u>Tamm</u> (d) Name of Hospital or Maternity Home: <u>(Home)</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Massena</u> (d) Street Address or R.F.D. No. <u>Tamm</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Louis Samuel Brundet</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 23rd 1882</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Julius Samuel Brundet</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Bern</u> <u>Switzerland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>General Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Frances Brown</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Springfield</u> <u>Ill.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Farmer's wife</u> 21. Industry or Business <u>General Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Washington } ss.
County of Whitman }
I, the undersigned, being first duly sworn, say that I am the half-sister of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 62 years, and that Mrs. Joe Wright who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Phillips Signature
Colfax, Washington 103 N. Lake P. O. Address

Subscribed and sworn to before me this 7th day of March, 1945
(SEAL) Lulu Carter Notary Public, residing at Colfax, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

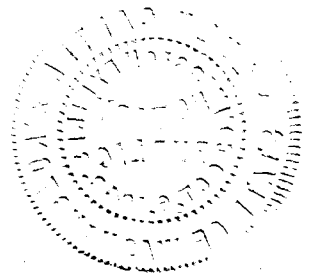
Received for filing on MAR 13 1945 by Maude Helder, Registrar

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

271-124021 381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404765**
Local Reg. No. _____
Reg. Dist. No. _____

MAY 8 1945

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Armo</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Armo, Idaho</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Parley Chantrell Sparrow</u> 7. Twin or Triplet If <u>not</u> born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>May 24 1942</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6 Sex <u>male</u> FATHER OF CHILD 10. FULL NAME <u>James Sparrow</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth. <u>2.6</u> yrs. 13. Birthplace. (City or town) <u>Australia</u> (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jessie Chantrell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth. <u>24</u> yrs. 19. Birthplace. (City or town) <u>Australia</u> (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____ 23. Number of children of this mother: (a) At time of birth and including this child. _____ (b) Born alive and now living. _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Utah County of Cash } ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 63 years, and that Armo E. Sparrow Nielsen who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28 day of April, 1945.
(SEAL) Peter J. Brown Notary Public, residing at Ogden Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

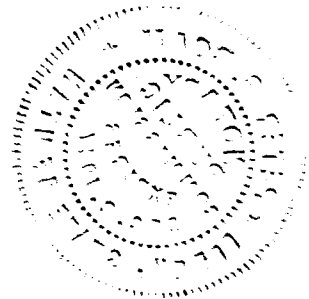
Received for filing on MAY 11 1945 by Mary Elder, Registrar

MAY 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-124-025-818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **405913**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? about 65 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) March 24, 1892

4. FULL NAME OF CHILD

Earnest Stilwell

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

W. W. Stilwell

11. Color or Race white

12. Age at time of THIS birth 46 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Pharabee Hayworth

17. Color or Race white

18. Age at time of THIS birth 34 yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Montana ss.
County of Roosevelt

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 63 years, and that

Mrs. Joseph Cook, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna M. Mandell
Wolf Point, Montana

Signature

P. O. Address

Subscribed and sworn to before me this 11 day of May, 1945.

(SEAL)

M. J. Walter

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 31 1945 by Mary Elder expires November 15 1946, Registrar.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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192-202001343

408379

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **408379**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City _____ (c) Street Address or R.F.D. No. <u>2 1/2 miles south of Rexburg</u> (d) Name of Hospital or Maternity Home: <u>from Idaho</u> (e) Mothers stay BEFORE delivery: In THIS county <u>34</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Ida</u> (b) County <u>Ada</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Agnes Aiken</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 2, 1882</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Aiken</u>	11. Color or Race <u>Sw</u>	12. Age at time of THIS birth <u>43</u> yrs.	13. Birthplace <u>Ida</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business _____	16. FULL MAIDEN NAME <u>Clarence Luchus</u>	17. Color or Race <u>Sw</u>
18. Age at time of THIS birth _____ yrs.	19. Birthplace <u>Ida</u> (City or town) (State or foreign country)	20. Exact Occupation <u>House wife</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Ida } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 5 above, that I am now 68 years of age, that I have known this person for 62 years, and that Lissie Goodrich (First name) (Last name) who attended this birth Sw (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Signature _____
P. O. Address _____

Subscribed and sworn to before me this 5 day of Feb, 1945

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

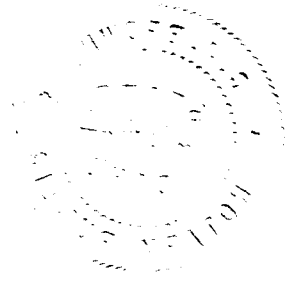
Received for filing on JUL 30 1945 by Mary E. L..., Registrar

JUL 31 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689 121-035-733

United States (Be sure the information is as of date of birth of THIS child.) State File No. **408495**
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Main St
(e) How long has MOTHER lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Charles Henry White

5. **Date of Birth of Child** (Month, day, year) Mar. 21st 1889

6. **Sex** Male

7. **Twin or Triplet** If so—born 1st, 2nd, 3rd

8. **No. months of Pregnancy** 9

9. **Legitimate?** Yes

FATHER OF CHILD

10. **FULL NAME** George Henry White

11. **Color or Race** White

12. **Age at time of THIS birth** 35 yrs.

13. **Birthplace** Oldtown Maine
(City or town) (State or foreign country)

14. **Exact Occupation** Rivierman

15. **Industry or Business** logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Giffen

17. **Color or Race** White

18. **Age at time of THIS birth** 25 yrs.

19. **Birthplace** Albany New York
(City or town) (State or foreign country)

20. **Exact Occupation** Housewife

21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____

23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Nez Perce I, the undersigned, being first duly sworn, say that I am the Decker of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 63 years and that _____, who attended this birth is deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of August 1945
(SEAL) Leo M. Carthy Notary Public, residing at Lewiston, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary Elder, Registrar

AUG 18 1945

SEP 30 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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365-216-029-362
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **410892**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:
In THIS county 2 years _____ months _____ days

4. FULL NAME OF CHILD Anna Marie Topping

6 Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Jacob Topping
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Toskey Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City _____
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) August 16, 1892

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mette Marie Torkey
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Ausland Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Latah }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 63 years, and that mid wife who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of September 1945
(SEAL) _____ Notary Public, residing at Genesee Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 16 1945 by Mary F. Elder, Registrar

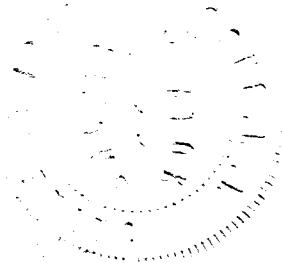
EX-111A

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

455-221-030-455

411958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Lemhi Agency
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi,
(c) City Lemhi Agency
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1yr yrs.
3. **RESIDENCE OF FATHER** (city, state) Lemhi Agency.

4. **FULL NAME OF CHILD** Annie ~~Wanda~~ Denny
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex female

5. Date of Birth of Child (Month, day, year) Feb. 21, 1882
8. No. months of Pregnancy 9 Mo 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Solomon Thompson Denny
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Ill. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ellen Denny
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace XXXX Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borax Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Distant Relation of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 78 years of age, that I have known this person for 63 years, and that
Mrs. Zeph Yearian, who attended this birth Deceased, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary M Tabian Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1945.

(SEAL) W.W. Zimmerman ~~XXXXXX~~
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) District Court.

Received for filing on OCT 27 1945 by Mohi F. Elder, Registrar.

80811A

OCT 20 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-220-007-641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **412003**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. <u>----</u> (d) Name of Hospital or Maternity Home: <u>-----</u> (e) Mothers stay BEFORE delivery: In THIS county -- years <u>10</u> months -- days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Bellevue</u> (d) Street Address or R.F.D. No. <u>----</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Maud Frances Bingham</u>		5. Date of Birth of Child (Month, day, year) <u>July 20, 1882</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>---</u> If so—born <u>1st, 2nd, 3rd</u> <u>---</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Isaac Hanna Bingham</u>		16. FULL MAIDEN NAME <u>Margaret Ann O'Daniel</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Royal Oak, Michigan</u> (City or town) (State or foreign country)		19. Birthplace <u>Parkville, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Deputy Sheriff</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>---</u>		21. Industry or Business <u>---</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>-----</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Oregon } **ss.**
County of Multnomah }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 62 years, and that Midwife (cannot remember name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Margaret O. Bingham Signature
1615 N.E. 49th Ave., Portland, Ore. Address

Subscribed and sworn to before me this 8th day of October 1945
(SEAL) James H. Blackford Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code, Annotated.) My Comm. expires April 1, 1946

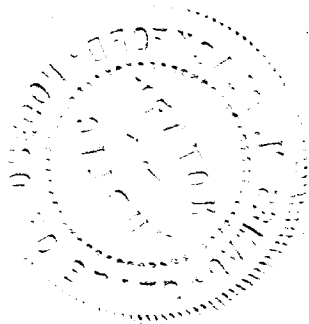
Received for filing on NOV 5 1945 by Maud H. Bingham, Registrar

NOV 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **415393**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. <u>Ida.</u>	
4. FULL NAME OF CHILD <u>Bertha Krewson</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 4, 1882</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Krewson</u>		16. FULL MAIDEN NAME <u>Lovina Turpin</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Drain, Ore.</u> (City or town) (State or foreign country)		19. Birthplace <u>Omaha</u> <u>Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Laborer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>General</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Boise } (To be completed when the attendant does not sign Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 42 years, and that Mary Jane Turpin Krewson who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

Mrs. Alice Turpin Signature
Drain Ore P. O. Address
Subscribed and sworn to before me this 29th day of Jan 1946
(SEAL) Low G. Apple Notary Public, residing at Drain Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1946 by Mary E. Elder Registrar

FEB 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-124-204-934
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416386
Local Reg. No. 416386
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Residence of Thos. C. Galloway</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>2</u> months _____ days _____		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Hanson Miles Shaw</u>		5. Date of Birth of Child (Month, day, year) <u>June 24, 1882</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Willis Dean Shaw</u>		16. FULL MAIDEN NAME <u>Ellen Maria McDonald</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>23</u> yrs.		18. Age at time of THIS birth <u>24</u> yrs.	
13. Birthplace <u>Belfast</u> <u>Maine</u> (City or town) (State or foreign country)		19. Birthplace <u>Bellevue</u> <u>Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>School teacher and later</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>in Mercantile business</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>		23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>5</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Oregon } ss. **AFFIDAVIT**
County of Multnomah } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 63 years, and that Mrs Samuel Taylor who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Mrs. M. A. Talbot Signature
980 Parrish Street, Salem, Oregon Address
Subscribed and sworn to before me this 25 day of Feb 1948
(SEAL) [Signature] Notary Public, residing at Patterson Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAR 12 1946 by [Signature] Registrar

MAR 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-1220-036-216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417290
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassida (b) City Malad
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: of grandmother
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassida
(c) City Malad
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 7/8 yrs.

4. **FULL NAME OF CHILD** Annis Louise Lewis
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Malad Idaho
5. Date of Birth of Child (Month, day, year) Aug 20 1882
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David T Lewis
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Malad Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna A Sawyer
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace London England
(City or town) (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Aug 20 1882 at Malad M. on the date _____
(Born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by myself _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature Margaret A Byington ~~M.D.~~ ~~Midwife~~ Address 296 N. 6 E Logan Date 3/1/46
State of Utah County of Cach ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the aunt _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 74 years of age, that I have known this person for all her life years, and that
_____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Margaret A Byington Signature
296 N. 6 E Logan P. O. Address
March 19 46
Subscribed and sworn to before me this _____ day of _____
(SEAL) On 5-5/7/46 _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Logan

Received for filing on MAR 25 1946 by Mary Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

REC 2-6-40

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-230-208-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **417314**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No. Robie Creek 7, Idaho City
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county yes years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No. Robie Creek 7, Idaho City Stage
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Halley Candace Call

5. Date of Birth of Child
(Month, day, year) May 30, 1882

6. Sex Fe 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oliver Perry Call
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Bambridge Indiana
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Anderson
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Platte County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Idaho } ss.
County of Ada

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 62 years, and that
Elizabeth Sandlin who attended this birth deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 439,
1937 Session Laws.

Cary B. McFenzie Signature

307 Pinney Bldg., Boise, Idaho P.O. Address

Subscribed and sworn to before me this 3rd day of January, 1945

(SEAL) Probate Judge Ada County, Idaho. Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Marj H. H. H. Registrar.

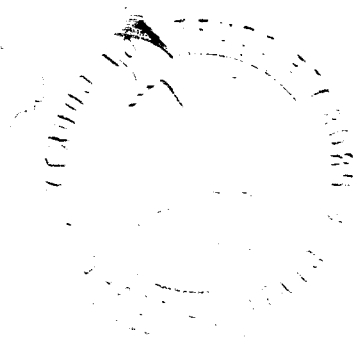
JAN 3 1951

JAN 13 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

384-213035-371

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **419502**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>my Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>my Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>Anna Elizabeth Church</u>		5. Date of Birth of Child <u>Dec 13/1882</u> (Month, day, year)	
6 Sex <u>Female</u>	7. Twin or Triplet _____ If so—born _____ 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Wm L. Church</u>	11. Color or Race <u>English</u>	16. FULL MAIDEN NAME <u>Martha Alice Crawford</u>	17. Color or Race <u>Eng</u>
13. Birthplace <u>Halifax N.S. Can.</u> (City or town) (State or foreign country)	12. Age at time of THIS birth <u>unborn</u> yrs.	18. Age at time of THIS birth <u>19</u> yrs.	19. Birthplace <u>Eugene, Oregon</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmers</u>	15. Industry or Business _____	20. Exact Occupation <u>Housekeeper</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Letitia Dunn who is related as Sister
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Thurston } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 58 years, and that who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 16 day of January, 1946.
(SEAL) Paul E. Bledsoe Notary Public, residing at Tenn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 24 1946 by Paul E. Bledsoe, Registrar

JAN 27 1949

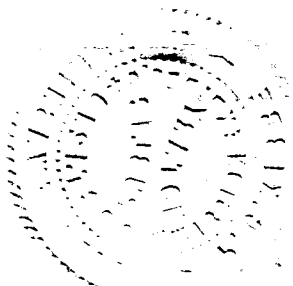
AUG 23 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 27 1948



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

497-202-036-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **419592**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

4. **FULL NAME OF CHILD** Laura Elmida Dixon
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) May 2 1882
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harvey Dixon
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Aquata Hancock Co. Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Susan Elizabeth Harmon
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Lemhi County, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho
County of Madison ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 63 years, and that Susan M. Harmon who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Alvaretta H. Davis Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 1946

(SEAL) Dixon Clerk of Dist. Court, Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1946 by Mary Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-121-001-655

422003

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **422003**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? One yrs.

4. FULL NAME OF CHILD ARCHIE THEODORE WINTER

5. Date of Birth of Child
(Month, day, year) March 21-1882

6 Sex male **7. Twin or Triplet** _____ **If so—born** _____
1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME David Keller Winter
11. Color or Race white **12. Age at time of THIS birth** 49 yrs.
13. Birthplace Indiana
(City or town) _____ (State or foreign country) _____
14. Exact Occupation Farmer and Freight
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Orsval
17. Color or Race white **18. Age at time of THIS birth** 44 yrs.
19. Birthplace Missouri
(City or town) _____ (State or foreign country) _____
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Ada } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 88 years of age, that I have known this person for 64 years, and that William H Winter (Print name) _____ (Last name) _____, who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2nd day of October, 19 46

(SEAL)

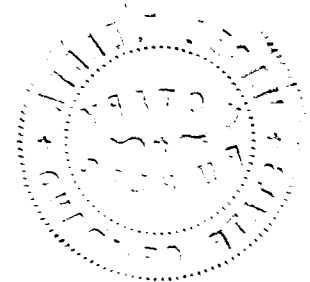
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 2 1946 by Wm H Winter, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 122 007 845

424590

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Broadford, Ida.

4. **FULL NAME OF CHILD** Commodore Perry Richardson
5. Date of Birth of Child
(Month, day, year) July 22, 1882
- 6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Madison T. Richardson
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Ann Hunter
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace St. Joe Davis Co., Ill.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

- State of Utah } ss. **AFFIDAVIT**
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the older sister (To be completed when the attendant does not sign in Item 25.)
(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 64 years, and that Mrs. J. Clark, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of September, 1946
(SEAL) Magda B. Peterson Notary Public, residing at Salt Lake, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1946 by John W. Wright Registrar

not 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Rural No</u> (d) Name of Hospital or Maternity Home: <u>Residence Delivery</u> (e) Mothers stay BEFORE delivery: In THIS county <u>12</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>Rural no</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs	
4. FULL NAME OF CHILD <u>Olive Coston</u>		5. Date of Birth of Child (Month, day, year) <u>8-19-1882</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so - born 1st, 2nd, 3rd	8. No. months of Pregnancy ?	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>I. N. Coston Isaac Newton</u>	11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>49</u> yrs.	13. Birthplace <u>Ithaca, New York</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business _____	16. FULL MAIDEN NAME <u>Mary Sophia Drak</u>	17. Color or Race <u>White</u>
18. Age at time of THIS birth _____	19. Birthplace <u>Chester, New Jersey</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

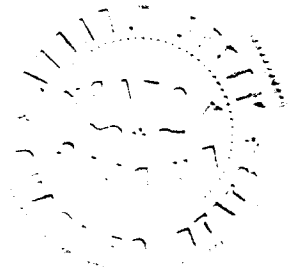
State of _____ } ss.
County of _____ }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 64+ years, and that Mary (First name) Tolles (Last name), who attended this birth _____ (Is now deceased) no (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of October 1946
(SEAL) Walter E. Freden Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-207-019-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. **426103**
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lester (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lester
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Rosa Henrietta Hanks

5. Date of Birth of Child
(Month, day, year) May 7-1882

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Hanks
11. Color white 12. Age at time of THIS birth yrs.
13. Birthplace Horsley England
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aurelena Hermann Hanks
17. Color white 18. Age at time of THIS birth yrs.
19. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of

I, the undersigned, being first duly sworn, say that I am the stepmother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 54 years, and that Deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my commission expires July 13, 1950
Subscribed and sworn to before me this 28th day of Oct. 1946
(SEAL) James P. Christensen Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Emma C Hanks
P. O. Address Salmon, Idaho box 50

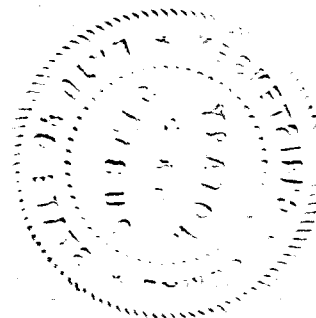
Received for filing on NOV 13 1946 by John W Wright Registrar.

NOV 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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436-221.025-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 426128
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>Ida</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho Co</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel Cecile McFadden</u>		5. Date of Birth of Child (Month, day, year) <u>Aug 21, 1882</u>	
6 Sex <u>girl</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Chas McFadden</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Indiana</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emma Culley</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Indiana</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) <u>At time of birth and including this child</u> _____ (b) <u>Born alive and now living</u> _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** dead. **Date** Aug 21, 1882
State of Washington **County of** Whitman **ss.**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for life years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

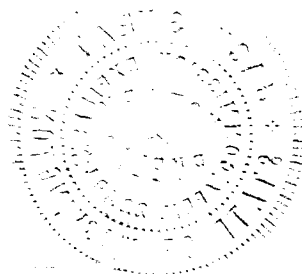
(First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)
Subscribed and sworn to before me this 28th day of August 1946
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on NOV 13 1946 **by** John W Wright, Registrar

NOV 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **427580**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:

In THIS county 2 years months days

4. FULL NAME OF CHILD Margaret Amelia Lougheed

1. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

6 Sex Female

FATHER OF CHILD

10. FULL NAME Charles Godfrey Lougheed

11. Color or Race white 12. Age at time of THIS birth 38 yrs.

13. Birthplace Columbus, Ohio
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

5. Date of Birth of Child (Month, day, year) Jan-3-1882

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Melinda Jane Frankelina

17. Color or Race white 18. Age at time of THIS birth 39 yrs.

19. Birthplace Joplin, Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington

County of King

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 67 years of age, that I have known this person for 65 years, and that not known who attended this birth. I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver Evans Signature
Bellevue Wash Rt. 3 Bx 526 P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1946.

(SEAL)

John W. Wright Notary Public, residing at Bellevue

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1946 by John W. Wright Registrar

DEC 17 1946

DEC 19 1946

DEC 13 1946

DEC 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-29016-857

429036

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

4. **FULL NAME OF CHILD** Zella Albertson
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Idaho, Albion
5. Date of Birth of Child (Month, day, year) Oct. 9, 1882
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles L. Albertson
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Wayne County, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Ann Hepworth
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
23. Number of children of this mother: 6 all now living

24. I HEREBY CERTIFY That I attended the birth of this child, who is named _____, on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of California } ss.
County of San Bernardino }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend _____ of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 60 years, and that Charles L. Albertson, father (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilford B. Lewis Signature
855 Court St. San Bernardino, Calif. Address

Subscribed and sworn to before me this 3rd day of December, 1946.
(SEAL) W. H. Vaughan Notary Public, residing at San Bernardino, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires September 2, 1947

Received for filing on JAN 9 1947 by John W. Wright Registrar.

JAN 10 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911,

of the child is living or accessible, or the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-100-044-346
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **431986**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Merri</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>2</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Merri</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Benjamin Cope</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 7-1882</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9mo</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Samuel Benjamin Cope</u> 11. Color or Race <u>W. Lole</u> 12. Age at time of THIS birth <u>40 yrs.</u> 13. Birthplace <u>Loma</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business <u>Same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Larisa Copes</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35 yrs.</u> 19. Birthplace <u>Lehi, Utah</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Nettie Harris (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.)

25. Attendant's OWN signature Nettie Harris **Address** Merri Idaho **Date** 2/10/47
State of Idaho **County of** Washington **ss.**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for 64 years, and that _____, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____ P. O. Address _____

Subscribed and sworn to before me this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

MAR 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-228-001-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

433354

State File No. **433354**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Margie Hannah</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>Sept 28, 1892</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
6 Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Henry Van Dyke Hannah</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Hunter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

AFFIDAVIT

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 65 years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of March 1947
(SEAL) R. C. Sleeper Notary Public, residing at Notus Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1947 by John W. Wright Registrar

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each verified copy requires an advance payment of fifty cents, money order or coin.

692-214-201-516
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **433394**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>one</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Stella Joy Trishen</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 14, 1942</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Henry Trishen</u>		16. FULL MAIDEN NAME <u>Mary Elizabeth Hawkes</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>26</u> yrs.		18. Age at time of THIS birth <u>26</u> yrs.	
13. Birthplace <u>LaPorte, Indiana</u> (City or town) (State or foreign country)		19. Birthplace <u>Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Painter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>House Painting</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss.
County of Pacific }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 65 years, and that Unknown who attended this birth Unknown I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 6th day of March 1942.
(SEAL) Blair E. Hawkes, Notary Public, residing at Raymond, W.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

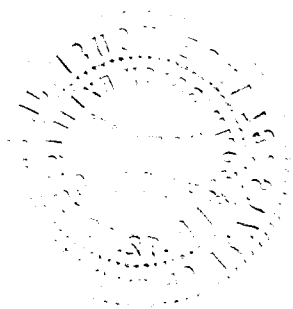
Received for filing on APR 4 1947 by John W. Wright, Registrar

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-209008-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **434892**
Local Reg. No. **352**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Placerville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
4. FULL NAME OF CHILD <u>Anna Rosa Cathcart</u>		5. Date of Birth of Child (Month, day, year) <u>January 9-1882</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Martin Cathcart</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Ireland</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Merchant-Shoemaker</u> 15. Industry or Business <u>Merchant at Placerville</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lena Clara</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Hanover, Germany</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Elizabeth Robison who is related as Sister
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** Placerville **Date** 1-9-1882
Midwife _____

AFFIDAVIT

State of Idaho County of Boise ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 65 years, and that Dr. Wm. R. Cathwell who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

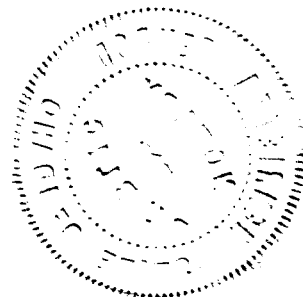
Subscribed and sworn to before me this 29th day of April 1947.
(SEAL) Henrietta Pernard Notary Public, residing at Placerville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 29th, 1947 by Mrs. E. L. Robison, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381 102-016-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **434918**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: (Born at Home)
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? One yrs.
3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Tom Chatburn
5. Date of Birth of Child (Month, day, year) Jan. 2, 1882
6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9
9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Jonas Chatburn
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Wiswell, England
(City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Mill Operator
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Helen South
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Springfield, Ill.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Missouri
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Brother _____ of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all his life years, and that JESSIE HORSLEY (First name) _____ (Last name) _____, who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 24 day of March, 1947
(SEAL) _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (annotated).)

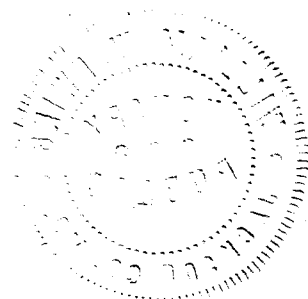
Received for filing on MAY 13 1947 by John W Wright Registrar.

MAY 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-210-004-165

436406

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **436406**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Thomas Fork
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Thomas Fork
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

4. **FULL NAME OF CHILD** Ella Lillian Webster
6 Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) May 10- 1882
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Constant Lewis Webster
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Onida Co. New York
(City or town) (State or foreign country)
14. Exact Occupation rancher + farmer
15. Industry or Business stock raising

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nessi Arminta Jones
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Nebraska City Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 65 years, and that Miss Mansley who attended this birth is deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Rose H. Hull Signature
805 E. State P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____.

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1947 by John W. Wright Registrar

JUN 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399-130-200-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **437866**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot Idaho</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>William Friedrich Criswell</u>		5. Date of Birth of Child <u>Nov 30, 1882</u> (Month, day, year)	
6 Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Allen Criswell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Near Attowna Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Freighter</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Jane Taylor</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>London England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Ada

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above; that I am now 66 years of age, that I have known this person for 64 years, and that Dr. O. Callahan who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)
Subscribed and sworn to before me this 19 day of July 1947
(SEAL) John W. Wright Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

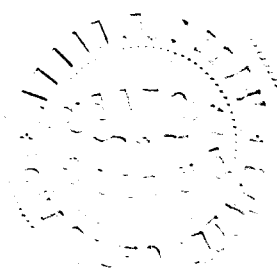
Received for filing on JUL 21 1947 by John W. Wright, Registrar

JUL 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **439394**
Local Reg. No. **439394**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Wendover</u> (b) City <u>FRANKLIN</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Wendover</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>CHARLOTTE WRIGHT</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 15 - 1932</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so - born 1st, 2nd, 3rd _____		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Smith Wright</u>		14. FULL MAIDEN NAME <u>VERENA Foster</u>	
11. Color or Race <u>White</u>		15. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>23</u> yrs.		16. Age at time of THIS birth <u>22</u> yrs.	
13. Birthplace <u>Scotland</u> (City or town) _____ (State or foreign country) _____		17. Birthplace <u>Utah</u> (City or town) _____ (State or foreign country) _____	
14. Exact Occupation <u>Farmer</u>		18. Exact Occupation <u>House Wife</u>	
15. Industry or Business _____		19. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Utah } ss. (To be completed when the attendant does not sign in Item 25.)
County of Cache }
I, the undersigned, being first duly sworn, say that I am the assnt of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 65 years, and that Mrs Wheeler who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

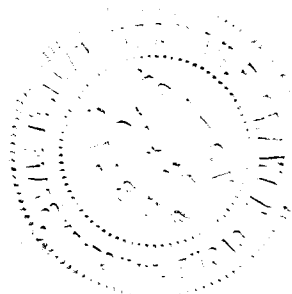
Subscribed and sworn to before me this 5 day of August 1947
(SEAL) W. F. Hansen Notary Public, residing at Lawrence, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on AUG 20 1947 by John W. Wright Registrar

AUG 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

303 114 013 7555
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

43 93 96
439396
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bench
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bench, Idaho
(e) Mothers stay BEFORE delivery:
In THIS county 20 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hubertt Dennis Collins
5. Date of Birth of Child 11-14-82
(Month, day, year)
- 6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Hyrum Dennis Collins
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Franklin, Ida
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Elizabeth Bennett
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Franklin, Ida
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

- State of Utah } ss.
County of Salt Lake }
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for 64 years, and that
Mrs. Mary Thompson who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Mary Ann J. 3-9-1947 15th
Subscribed and sworn to before me this 15th day of August, 1947
(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Ora Collins Elliott Signature
610 W-134-20 P. O. Address
Notary Public, residing at Idaho Falls, Idaho

Received for filing on AUG 20 1947 by John W. Wright Registrar

AUG 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Nellie Sarah Benjamin</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 22, 1892</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>John Wesley Benjamin</u> 11. Color or Race _____ 12. Age at time of THIS birth _____ yrs. 13. Birthplace <u>Idaho</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Laura Eme Estes</u> 17. Color or Race _____ 18. Age at time of THIS birth _____ yrs. 19. Birthplace <u>Arkansas</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>house wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2, (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of OREGON } ss.
County of Multnomah }
I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now over 68 years of age, that I have known this person for 66 years, and that Sarah Estes and Dr. Reeder who attended this birth are now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

AFFIDAVIT

Mrs Berdee B. Loomis Signature
724 S. W. Columbia, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of August, 1947.
(SEAL) James B. Bartley Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My Commission expires Aug 30, 1948
Received for filing on AUG 23 1947 by John W. Wright, Registrar

AUG 26 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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519 115 003-446
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

440869
State File No. **440869**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Swanlake</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Swanlake</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Henry Anthony Eaton</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 15, 1932</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>John James Eaton</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Untercoferri, Switzerland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Construction on Great Northern</u> 15. Industry or Business <u>Surveyor and Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ann Duffy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Stamullen, Ireland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of California
County of Tehama } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Older sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Father attended birth (now deceased) who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

under Chapter 139, 1937 Session Laws.

Tessie Reynolds Signature
Rt. 2, Red Bluff, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of September 1947
(SEAL) Medora K. Hesse Notary Public, residing at Red Bluff, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1947 by John W. Wright Registrar

SEP 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **442265**
Local Reg. No. **442265**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Georgetown</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>3</u> months <u>25</u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Georgetown</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> Yr. <u>3</u> Mo. <u>25</u> da.
--	---

4. FULL NAME OF CHILD <u>Minerva (Mae) Isabel Sizemore</u>	5. Date of Birth of Child (Month, day, year) <u>Nov 3, 1882</u>
6 Sex <u>Female</u>	7. Twin or Triplet <u>If so—born 1st, 2nd, 3rd</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>William Marion Sizemore</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>45</u> yrs.
13. Birthplace <u>Marion County Alabama</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farming</u>
15. Industry or Business <u>Farming</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Mary Ann Jemima Cook</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>33</u> yrs.
19. Birthplace <u>Cape Georadue, Illinois</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>"</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>10</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____	M.D. Address _____	Date _____
	Midwife _____	Deceased _____

State of California } ss. **AFFIDAVIT**
County of San Bernardino }

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 40 years, and that Sarah Bridges who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

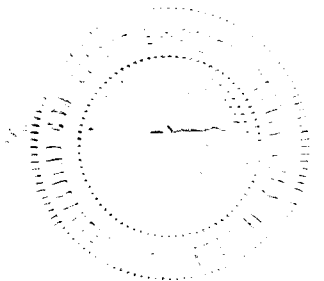
Subscribed and sworn to before me this 21st day of October, 1947
(SEAL) Walter H. Dickmann, Notary Public, residing at Ontario, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 23 1947 by John W. Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-229-020-695

443603

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **443603**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Glenns Ferry</u> (c) Street Address or R.F.D. No. <u>Glenns Ferry</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Glenns Ferry</u> (d) Street Address or R.F.D. No. <u>RFD</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Dolly Florence Nelson</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 29, 1882</u>	
6 Sex <u>F</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>2nd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Alexander Nelson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Philadelphia Pa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>laborer</u> 15. Industry or Business <u>laborer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Jane Freel</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Warren County, Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife Indian woman Dec. 29, 1882

State of Idaho County of Gooding } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the XX of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for since baby years, and that Fred G Bliss who attended this birth XX I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 29th day of October, 1947
(SEAL) (H D Jackson) Notary Public, residing at Wendell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 30 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-126-021-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 443657
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 4 months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Franklin, Idaho

4. **FULL NAME OF CHILD** Alonzo James William Henson
5. Date of Birth of Child (Month, day, year) June 26, 1882
- 6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 10th 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Henson

11. Color or Race White 12. Age at time of THIS birth 50 yrs.

13. Birthplace Densenger England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Sewell

17. Color or Race White 18. Age at time of THIS birth 40 yrs.

19. Birthplace Northhamptonshire England
(City or town) (State or foreign country)

20. Exact Occupation Tailor

21. Industry or Business Tailor

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Utah
County of Cache } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 75 years, and that "Wife" Wheeler, who attended this birth Is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewiston, Idaho Signature _____
Richmond, Utah P. O. Address _____
Nov. _____, 19 47

Subscribed and sworn to before me this _____ day of _____, 19 47
(SEAL) _____ Notary Public, residing at Lewiston, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires 3/22/48

Received for filing on NOV 19 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-226-025-713

443670

443670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Near Boise</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Near Boise</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Lavenia Gale Simpson</u>		5. Date of Birth of Child (Month, day, year) <u>March 26, 1882</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Edwin Simpson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>51</u> yrs. 13. Birthplace <u>Bristol, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer and Prospector</u> 15. Industry or Business <u>Self-employed</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Marie Lucretia Gale</u> 17. Color or Race <u>American Indian</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>San Jose, California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Oregon County of Multnomah } ss. **AFFIDAVIT**
 I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 65 years, and that Lavenia Gale SIMPSON who attended this birth do not know I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 ed under Chapter 139, 1937 Session Laws.

My Comm Expires Jan. 31-1938 Daisy A. Scrimaker Signature
 Subscribed and sworn to before me this 3rd day of November, 1947 P. O. Address _____
 (SEAL) Daisy A. Scrimaker Notary Public, residing at Portland,
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 22 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-109-214-719 (Be sure the information is as of date of birth of THIS child.) 442684 State File No. 443684
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

<p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>Canyon</u> (b) City <u>Caldwell</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: <u>at home</u></p> <p>(e) Mothers stay BEFORE delivery: In THIS county <u>40</u> years months days</p>	<p>2. USUAL RESIDENCE OF MOTHER (At time of birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Canyon</u></p> <p>(c) City <u>Caldwell</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? _____ yrs.</p>
<p>3. RESIDENCE OF FATHER (city, state) <u>Caldwell Idaho</u></p>	
<p>4. FULL NAME OF CHILD <u>Dudley Marvin Stafford</u></p>	
<p>5. Date of Birth of Child (Month, day, year) <u>July 9 - 1882</u></p>	
<p>6. Sex <u>male</u></p>	
<p>7. Twin or Triplet <u>Triplet</u> If so - born 1st, 2nd, 3rd</p>	
<p>8. No. months of Pregnancy <u>nine</u></p>	
<p>9. Legitimate? <u>yes</u></p>	
<p style="text-align: center;">FATHER OF CHILD</p> <p>10. FULL NAME <u>George D. Stafford</u></p> <p>11. Color or Race <u>white</u></p> <p>12. Age at time of THIS birth _____ yrs.</p> <p>13. Birthplace (City or town) <u>Indiana</u> (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business _____</p>	<p style="text-align: center;">MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Anna Parkhurst</u></p> <p>17. Color or Race <u>white</u></p> <p>18. Age at time of THIS birth _____ yrs.</p> <p>19. Birthplace (City or town) <u>El Clair Iowa</u> (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p>
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum _____</p>	
<p>23. Number of children of this mother: <u>6</u> (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>6</u></p>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 65 years, and that Dr. Lee who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 13th day of November, 1947

(SEAL) _____ Signature _____
Notary Public, residing at 1209 E. 9th St. Boise Idaho P. O. Address _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

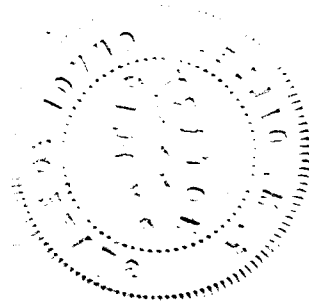
Received for filing on 11/28/47 by John W. Wright Registrar

NOV 28 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been reported, in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

651-017-016-299

443697

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **443697**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 3 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County CASSIA
(c) City Albion
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. FULL NAME OF CHILD Ethel Belle Weatherman

5. Date of Birth of Child
(Month, day, year) 3-17-1889

6. Sex GIRL **7. Twin or Triplet** _____ **8. No. months of Pregnancy** _____ **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Simon Pitos Weatherman
11. Color or Race White **12. Age at time of THIS birth** 49 yrs.
13. Birthplace Sullivan County, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer, Politics
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Hanna Bridger
17. Color or Race White **18. Age at time of THIS birth** 37 yrs.
19. Birthplace Sweet Briar Co. Virginia
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) 10 At time of birth and including this child (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 65 years, and that Mary Albertson who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Adeline Barrett Signature
Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 3rd day of December, 19 47.

(SEAL) Grace B. Bistline Notary Public, residing at Pocatello, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1947 by John W. Wright Registrar

DEC 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

228-518, 77 177743 4-10

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281 1214 055-354
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **445028**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Alturas</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Alturas</u> (c) City <u>Bellevue</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Margaret Mae Sharp</u> Twin or Triplet If so - born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Sept. 14, 1882</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>William Chester Sharp</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32 yrs.</u> 13. Birthplace <u>Nashville, Tenn.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Catherine DeMa</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>31 yrs.</u> 19. Birthplace <u>St. Joseph, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Blaine

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 39 years of age, that I have known this person for 39 years and that the person (First name) who attended this birth is now deceased (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of December 1947
(SEAL) Alice A. York Notary Public, residing at Carey, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

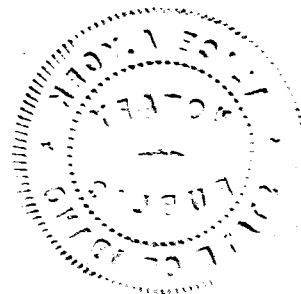
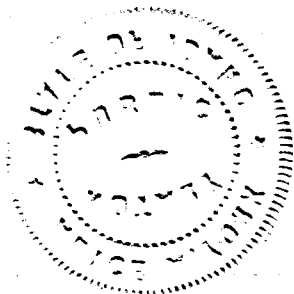
Received for filing on DEC 19 1947 by John W. Wright Registrar

DEC 19 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-109-029-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

247703

State File No. **447703**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Henrieville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Henrieville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>John Robert Sutton</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 9 - 1882</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert Wesley Sutton</u>	11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>39 yrs.</u>	13. Birthplace <u>Iowa</u> (City or town) _____ (State or foreign country) _____
14. Exact Occupation <u>Farmer</u>	15. Industry or Business <u>Stock and Grain Farmer</u>	16. FULL MAIDEN NAME <u>Sarah Henry</u>	17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>34 yrs.</u>	19. Birthplace <u>Iowa</u> (City or town) _____ (State or foreign country) _____	20. Exact Occupation <u>Housewife</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Okanogan }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 65 years, and that Mr. Rufus Burman (First name) _____ (Last name) _____, who attended this birth _____ (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Lee Sutton Signature
Okanogan Washington P. O. Address
Subscribed and sworn to before me this 2nd day of February, 1948.
(SEAL) George W. Lister Notary Public, residing at Okanogan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1948 by John W. Wright Registrar

FEB 6 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

345-218-004-593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0032
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>St. Charles</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>one</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>St. Charles</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Alice Mathilda Lundgren</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 18, 1882</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Carl Johan Lundgren</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Horn</u> <u>Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amelia Mathilda Nilson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Onsbo</u> <u>Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>dressmaker</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Salt Lake of the person whose name appears
I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth _____ I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelmina L. Lundstedt (Signature)
882 Duichuth Ave P.O. Address

Subscribed and sworn to before me this 5th day of November 1947
(SEAL) John H. Carter, Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

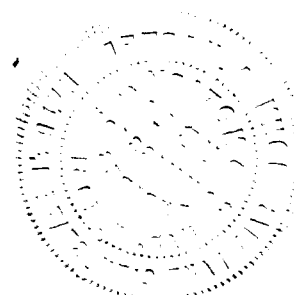
Received for filing on MAR 4 1948 by Har W. Wright, Registrar

MAR 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



367-214-036-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0053

Local Reg. No.

Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)(a) County Blaine (b) City Oxford

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at home

(e) Mothers stay BEFORE delivery:

In THIS county years months days

4. **FULL NAME OF CHILD** Lucy Caroline Cox6 Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd10. **FATHER OF CHILD**
FULL NAME Solomon Lindsay Cox11. Color or Race white 12. Age at time of THIS birth 20 yrs.13. Birthplace Lehi Utah
(City or town) (State or foreign country)14. Exact Occupation Farmer

15. Industry or Business

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)(a) State Idaho (b) County Blaine(c) City Oxford

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? one yrs.3. **RESIDENCE OF FATHER** (city, state) Oxford Idaho5. Date of Birth of Child (Month, day, year) Dec. 14 - 18828. No. months of Pregnancy 7 9. Legitimate? yes16. **MOTHER OF CHILD**
FULL MAIDEN NAME Luranie Elmina Reynolds17. Color or Race white 18. Age at time of THIS birth 18 yrs.19. Birthplace Panguitch Utah
(City or town) (State or foreign country)20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's OWN signature M.D. Address Midwife

Date

State of California } ss.
County of Los Angeles }I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 83 years of age, that I have known this person for 65 years, and thatMrs Ann Crowshaw who attended this birth in hand I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

mother of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 83 years of age, that I have known this person for 65 years, and thatMrs Ann Crowshaw who attended this birth in hand I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.Subscribed and sworn to before me this 4 day of March 1948

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 9 1948 by John W. White Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETE envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1920

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-208-019-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>CUSTER</u> (b) City <u>CHALIS</u> (c) Street Address or R.F.D. No. <u>NONE</u> (d) Name of Hospital or Maternity Home: <u>BORN AT HOME</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>4</u> years <u>5</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CUSTER</u> (c) City <u>CHALIS</u> (d) Street Address or R.F.D. No. <u>NONE</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>RUTH LILLIAN Mc OLUNG</u>		5. Date of Birth of Child (Month, day, year) <u>AUG. 8, 1882</u>	
6 Sex <u>FEMALE</u>	7. Twin or Triplet <u>NO</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>ALBERT Mc OLUNG</u>		16. FULL MAIDEN NAME <u>ALICE ELIZABETH KEOUGH</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>CLAYBURN COUNTY, TENNESSEE</u> (City or town) (State or foreign country)		19. Birthplace <u>COPETOWN, ONTARIO, CANADA</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>SOLDIER AND MINER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business <u>NONE</u>		21. Industry or Business <u>NONE</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was XXXXXXXXXX at M. on the date
(Born alive, stillborn) JAMES XXXXXXXXXX
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as XXXXXXXXXX
(Mother, etc.)

25. Attendant's OWN signature XXXXXXXXXX Address XXXXXXXXXX Date MARCH 31 1948

State of Oregon } ss. **AFFIDAVIT**
County of Jackson }

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 63 years, and that SUSAN JANE Mc OLUNG, who attended this birth IS NOW DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of March 1948
(SEAL) J. M. Starnsinger Notary Public, residing at Rogue River, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on March 30, 1948 by John W. Wright, Registrar

MAR 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-105-036-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0150

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Onida (b) City Malad
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years 9 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Onida
(c) City Malad
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

4. FULL NAME OF CHILD George Walter Thomas

5. Date of Birth of Child
(Month, day, year) Jan-5-1882

6. Sex m 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Sperry Thomas
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Cardif So. Wales
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Dredge
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Utah U.S.A
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Malad M. on the date Jan-5-1882 and at the place stated above, and that personal particulars were furnished by Hannah Dredge, who is related to this child as Grandmother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Hannah Dredge M.D. — Address Malad Idaho Date Jan-5-1882

State of Idaho County of Onida } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 66 years, and that Mary Ann Hobbs who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse H Dredge Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March 1918

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

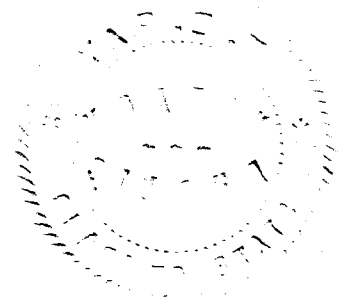
Received for filing on APR 8 1918 by John W Wright Registrar.

APR 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



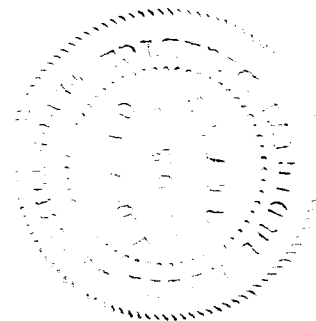
Received for filing on APR 23 1948 by John A. Wright Registrar

APR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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814-212-014-512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0365
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Parma</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Parma</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>39 yrs</u>	
4. FULL NAME OF CHILD <u>Cora May Hamilton</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 12, 1887</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>10</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Robert Steward Hamilton</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>43 yrs.</u> 13. Birthplace (City or town) <u>Iowa</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Catharine Eastman</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37 yrs.</u> 19. Birthplace (City or town) <u>Iowa</u> (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Canyon
I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 65 years, and that Dr. Maxey who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of May 1948
(SEAL) _____ Notary Public, residing at Parma, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on JUN 2 1948 by John W. Wright, Registrar

JUN 2 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

751-123-036-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0465

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At the home at Malad, Idaho
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

4. **FULL NAME OF CHILD**

Jacob Peabody

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Simeon Peabody
11. Color or Race White 12. Age at time
of THIS birth 44 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business Freighting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francis Clark
17. Color or Race White 18. Age at time
of THIS birth 30 yrs.
19. Birthplace Malad, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living Seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4,
above, that I am now 86 years of age, that I have known this person for 65 years, and that
Eliza Clark, who attended this birth, is now deceased. I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

O. M. Richards

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 1948

(SEAL)

Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1948 by John W. Wright Registrar.

JUL 2 - 1948

FILE # FROM 465 TO DE48-0465 12/21/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-214-036-553
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0505
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO 505
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ONEIDA (b) City MALAD
(c) Street Address or R.F.D. No. ELKHORN
(d) Name of Hospital or Maternity Home: Richman Home at Elkhorn
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. R.F.D. Elkhorn
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Margaret Richards
5. Date of Birth of Child (Month, day, year) April 14, 1882
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** WILLIAM-RICHARDS
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARY-NELSON
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Oneida (Mother, etc.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Mrs. Ida Metcalf who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires March 15, 1952
Subscribed and sworn to before me this 9th day of July, 1948
(SEAL) Robert D. Johnson Notary Public, residing at 208 E. Sage Pkwy
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-974, Idaho Code Annotated.) Idaho

Received for filing on JUL 16 1948 by John W Wright, Registrar

JUL 16 1948

FILE # FROM 505 TO DE48-0505 12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993 - 216 - 025 - 485
RECEIVED
SEP 27 1948
DEPT. OF VITAL STATISTICS
STATE OF IDAHO

United States Department of Commerce Bureau of the Census
The information is as of date of birth of THIS child.)
State File No. DE48-0772
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: In THIS county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho
5. Date of Birth of Child (Month, day, year) Dec. 16, 1882

4. FULL NAME OF CHILD Katie Lourain Rice
6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Henry Rice
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Yamhill County, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Avis Carrie Myers
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Republic County, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of WASHINGTON, } ss. (To be completed when the attendant does not sign in Item 25.)
County of ASOTIN }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 65 years, and that Mrs. Jane Doe Overracker, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT
(Is now deceased) or (Cannot be located)
Signature Dora Cille
Address Lewiston, Idaho P. O. Address _____
Subscribed and sworn to before me this 24th day of September, A.D. 19 48
(SEAL) _____ Notary Public, residing at Clarkston, Wn
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Received for filing on SEP 28 1948 by John W. Wright, Registrar

SEP 29 1948

FILE # FROM 772 TO DE48-0772 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All ~~realized~~ this birth)
(a) County Bear Lake (b) City Bennington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Abraham Charles Van Dusen 5. Date of Birth of Child
(Month, day, year) April 3 - 1922

6 Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Abraham John Van Dusen
11. Color or Race white 12. Age at time of THIS birth yrs.
13. Birthplace St. Clair Michigan
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Hunter
17. Color or Race white 18. Age at time of THIS birth yrs.
19. Birthplace Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

State of _____ ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life years, and that Abraham C. Van Dusen Hannah Graham who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

X Emma O. Tippetts Signature
318 W. 7th South East Lake City O. Address
Subscribed and sworn to before me this 3 day of November, 1948.
(SEAL) A. V. Tippetts Notary Public, residing at 30912
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received Nov 9, 1948 on Nov 9, 1948 by John W. Wright Registrar

FIEL # FROM 913 TO DE48-0913 1/17/13 KMC

NOV 9

1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 30 1949
Information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All births at time of this birth) (a) County <u>Oneida</u> <u>Idaho</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: <u>5</u> years <u>8</u> months <u>11</u> days <u>21</u> In THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Jones</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 3-1882</u>	
6 Sex <u>Female</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Morgan Perry Jones</u>		16. FULL MAIDEN NAME <u>Margaret Hannah Jones</u>	
11. Color or Race <u>W</u>	12. Age at time of THIS birth <u>25</u> yrs.	17. Color or Race <u>W</u>	18. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>North Ogden Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>S. Wales</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business <u>Stock Raiser</u>		21. Industry or Business <u>H.W.</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Brown at Malad M. on the date Oct 3-1882 and at the place stated above, and that personal particulars were furnished by Brown (First name) (Last name) who is related as Uncle (Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Address Malad Idaho Date April 29 1949

State of Idaho County of Oneida } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 60 years, and that Mary Brown who attended this birth know deceased (First name) (Last name) (is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of April 1949

(SEAL) [Signature] Notary Public, residing at Malad Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 21 1949 by W W Benson Registrar

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.

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845-101-022-718

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1412
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Idaho</u>	(b) City <u>Rephung</u>	(a) State <u>Idaho</u>	(b) County <u>Tremont</u>
(c) Street Address or R.F.D. No.		(c) City <u>Rephung</u>	
(d) Name of Hospital or Maternity Home: <u>Home</u>		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county years months days		(e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Nicholas Friedrich Hunsziker</u>		5. Date of Birth of Child (Month, day, year) <u>11-1-1882</u>	
6 Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate?
10. FULL NAME <u>Nicholas Hunsziker</u>		16. FULL MAIDEN NAME <u>Marie Elisebeth Gaymann</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>87</u> yrs.
13. Birthplace <u>Bern Switzerland</u> (City or town) (State or foreign country)		19. Birthplace <u>Bern Switzerland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Line Burner</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Ada }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the a cousin of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for fifty years, and that who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of May, 1949.
(SEAL) John D. Farmer Notary Public, residing at Boise.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on May 9, 1949 by W. L. Benson, Registrar

MAY 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-217-001-636

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1546
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Ada</u>	(b) City <u>Boise</u>	(a) State <u>Idaho</u>	(b) County <u>Ada</u>
(c) Street Address or R.F.D. No. <u>64 Benrock</u>		(c) City <u>Boise</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county years months days		(e) How long has MOTHER lived in Idaho? <u>yes</u>	
4. FULL NAME OF CHILD <u>Annel Walter (Young)</u>		5. Date of Birth of Child (Month, day, year) <u>April 17, 1882</u>	
6 Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lucy Ellen Russell Walter</u>	16. FULL MAIDEN NAME <u>Augusta Florence</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth yrs.	18. Age at time of THIS birth yrs.		
13. Birthplace <u>Ohio</u> (City or town) (State or foreign country)	19. Birthplace <u>Linn, Mo</u> (City or town) (State or foreign country)		
14. Exact Occupation	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 71 years of age, that I have known this person for 67 years, and that
(First name) (Last name) who attended this birth I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of June 1949
(SEAL) Edith Ruth Jones Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm Expires 3-10-50

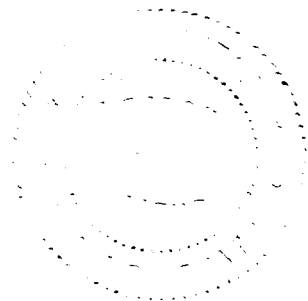
Received for filing on June 16, 1949 by W W Benson, Registrar

JUN 16 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE49-1687**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Idaho City</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Idaho City</u> (d) Street Address or R.F.D. No. <u>unknown</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Gertrude Mae Ruhl</u>		5. Date of Birth of Child (Month, day, year) <u>March 11, 1882</u>	
6 Sex <u>female</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Ruhl</u>		16. FULL MAIDEN NAME <u>Anna Ruhl</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>rural</u> <u>Germany</u> (City or town) (State or foreign country)		19. Birthplace <u>Portland, Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>merchant</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>owned his own store</u>		21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

State of Oregon } ss. **AFFIDAVIT**
County of Multnomah (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 67 years, and that midwife (name unknown) and father & mother who attended this birth are all deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 15th day of July 1949
(SEAL) Notary Public, residing at Portland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Expires 1/1/1950

Received for filing on Aug 21, 1949 by W. W. Benson Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 2 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-126-001-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1715
Local Reg. No. 1
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 122 W. Jefferson
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
pp In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 122 W. Jefferson
pp (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **FULL NAME OF CHILD** George Jacob Frederick Schultz
4. **Sex** male
5. **Twin or Triplet** If so—born 1st, 2nd, 3rd

6. **Residence of Father** (city, state) Boise Ida.
7. **Date of Birth of Child** (Month, day, year) 2-26-1882
8. **No. months of Pregnancy** 9 9. **Legitimate?** yes

FATHER OF CHILD
10. **FULL NAME** George Schultz
11. **Color or Race** white 12. **Age at time of THIS birth** yrs.
13. **Birthplace** Bergen Germany
(City or town) (State or foreign country)
14. **Exact Occupation** Tailor
15. **Industry or Business**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Dora Jurkers Schultz
17. **Color or Race** white 18. **Age at time of THIS birth** 24 yrs.
19. **Birthplace** Artin Germany
(City or town) (State or foreign country)
20. **Exact Occupation** housewife
21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum**
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. **Attendant's OWN signature** **M.D. Address** **Date**
Midwife

State of California
County of San Diego

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 67 years, and that NOT KNOWN who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)
Subscribed and sworn to before me this 24th day of July, 1949.
(SEAL) Leora Wiedentrich, Notary Public, residing at 4112 Menlo Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated, 1937.)

Received for filing on Aug 5, 1949 by W. W. S. [Signature], Registrar

OCT 6 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 5 1949

343-101 RECEIVED
035-294 SEP 8 1949

United States ~~Division of Vital Statistics~~ (Before the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DB49-1829
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nespeese</u> (b) City <u>Idaho</u> (c) Street Address or R.F.D. No. <u>Idaho</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>Idaho</u> years <u>1981</u> months <u>12</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Idaho</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.	
4. FULL NAME OF CHILD <u>Ellis Leroy Cullice</u>		5. Date of Birth of Child <u>Oct 1st 1982</u> (Month, day, year)	
6 Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9 mo</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Walter Cullice</u>	16. FULL MAIDEN NAME <u>Edeline Joe Simonson</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>34</u> yrs.	18. Age at time of THIS birth <u>33</u> yrs.		
13. Birthplace <u>Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>house wife</u>		
15. Industry or Business _____	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

State of Idaho County of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that (Mrs) Avis Rice who attended this birth. I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of Sept, 1949
(SEAL) _____ Signature _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-14, Idaho Code.) Notary Public, residing at _____

Received for filing on Sept 8, 1949 by _____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 8 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

686-217 RECEIVED
001-799 SEP 19 1949
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1865
Department of Commerce Office of Vital Statistics
Bureau of the Census ~~Division~~ **CERTIFICATE OF BIRTH**
Local Reg. No. _____
Reg. Dist. No. _____
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise Valley
(c) Street Address or R.F.D. No. Boise
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise Valley
(d) Street Address or R.F.D. No. Boise, Idaho
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise Valley, Id.

4. **FULL NAME OF CHILD** Mae Frost
5. Date of Birth of Child (Month, day, year) April 17, 1882
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Elijah Frost</u>	16. FULL MAIDEN NAME <u>Matilda Price</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>62</u> yrs.	18. Age at time of THIS birth <u>42</u> yrs.
13. Birthplace <u>Nashville Tennessee</u> (City or town) (State or foreign country)	19. Birthplace <u>Springfield Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>Farmer</u>	21. Industry or Business <u>None</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of California } ss. **AFFIDAVIT**
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the sister (To be completed when the attendant does not sign in Item 25.)
(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 67 years, and that midwife who attended this birth is deceased I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of August, 1949
Richard Modiano Signature
11488. Huston St. No. Hollywood Address

(SEAL) _____, Notary Public, residing at 1165 Riverido
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

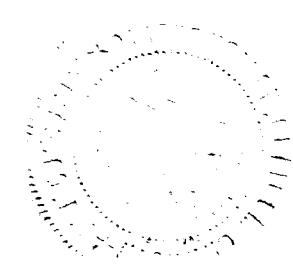
Received for filing on Sept 19 1949 by W. W. B. Amos, Registrar

SEP 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-217-019-689

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1999

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Custer</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>years</u> <u>months</u> <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Custer</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
3. FULL NAME OF CHILD <u>Alpha Belle Whiteth</u> (a) Twin or Triplet If so—born 1st, 2nd, 3rd 6 Sex <u>Girl</u>		5. Date of Birth of Child (Month, day, year) <u>12-17-1989</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
10. FULL NAME OF FATHER OF CHILD <u>George Cummings Whiteth</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth yrs. 13. Birthplace <u>Warren, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Inspector</u> 15. Industry or Business		16. FULL MAIDEN NAME OF MOTHER OF CHILD <u>Robertine Whiteth</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth yrs. 19. Birthplace <u>Warren, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>One</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Mary Lipe Date Midwife

State of Idaho } ss. **AFFIDAVIT** X
 County of Barry } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Person of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for years, and that

(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before me this 10th day of October 1989

(SEAL) George Armstrong, Notary Public, residing at Anderson St
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on Nov 11 1989 by W. B. Benson, Registrar

NOV 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2171
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1109 Idaho</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay <u>BEFORE</u> delivery: <u>Came in 1878</u> In <u>THIS</u> county <u>4</u> years <u>months</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>1109 Idaho</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Leo Joshua Falk</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child <u>Sept. 24, 1882</u> (Month, day, year)	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD		9. Legitimate? <u>Yes</u>	
10. FULL NAME <u>Nathan Falk</u>		MOTHER OF CHILD	
11. Color or Race <u>White</u>		16. FULL MAIDEN NAME <u>Rosa Steinmeier</u>	
12. Age at time of THIS birth <u>34</u> yrs.		17. Color or Race <u>White</u>	
13. Birthplace <u>Margelbach, Bavaria, Germany</u> (City or town) (State or foreign country)		18. Age at time of THIS birth <u>23</u> yrs.	
14. Exact Occupation <u>Merchant</u>		19. Birthplace <u>Munich, Bavaria, Germany</u> (City or town) (State or foreign country)	
15. Industry or Business <u>Nathan Falk & Brother</u>		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Ada } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 86 years of age, that I have known this person for 67 years, and that the doctor whose name I do not remember, who attended this birth, is now deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31st day of December, 1949
(SEAL) Orman W. Falk, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.) My Com. Expires 11/1/53

Received for filing on 31 December 1949 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

659-209-001-691

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De50-211

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Minnie Weil				2. Date (month) (day) (year) Birth July 9 1882		
	3. Color or Race white	4. Sex female	5. Place of Birth Boise	a. County Ada	b. City or Town of Birth Boise, Idaho		
FATHER	6. Full Name of Father Lazare Weil				7. State or Country of Father's Birth France		
MOTHER	8. Full Maiden Name of Mother Jennie Frank				9. State or Country of Mother's Birth Shreveport, Louisiana		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Minnie Weil (Handwritten)</i>		11. Present Address of Registrant 200 Ottawa, Leavenworth, Ks
NOTARY (Seal)	Subscribed and sworn to before me on July 31st 19 50				12. Signature of Notary <i>Clara Hebling</i>		13. Notary Commission expires March 27 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Voter's Registration		By whom issued and signed J. C. Walker, City Clerk	Date issued 3-13-39	Date Orig. Entry 3-13-39
	Date of Birth 57 yrs	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Hospital Record		By whom issued and signed Cushing Memorial Hospital	Date issued 7-31-50	Date Orig. Entry 1934
	Date of Birth 51 yrs	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document Hospital Record		By whom issued and signed Cushing Memorial Hospital	Date issued 7-31-50	Date Orig. Entry 1940
	Date of Birth 57 yrs old	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION

(See 1)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Handwritten Signature

Date Filed

8-15-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

1. Name of deceased
2. Date of birth
3. Place of birth

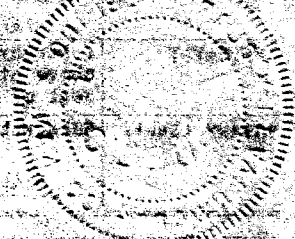
4. Name of father
5. Name of mother

6. Date of death
7. Place of death

1950-15-10

1950-15-10

1950-23-10



1950-15-10

1950-15-10

1950-15-10

53

1950-15-10

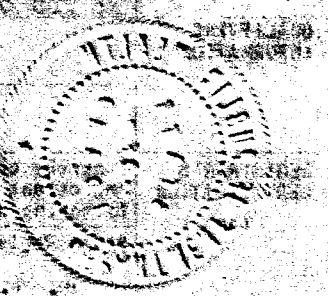
1950-15-10

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1950-15-10

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1950-15-10

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-270
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth MARY PEARLE LEWIS			2. Date of Birth (month) (day) (year) May 29th 1882		
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Hailey, Idaho	b. City or Town of Birth		
FATHER	6. Full Name of Father WILLIAM S. LEWIS			7. State or Country of Father's Birth Indiana		
MOTHER	8. Full Maiden Name of Mother Susan F. Markin			9. State or Country of Mother's Birth Indiana		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mary Pearl Lewis Wood</i>		11. Present Address of Registrant 4602 - Brookdale Ave., Oakland, California.
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 7th 19 50</i>			12. Signature of Notary <i>Dorothy Reade</i>		13. Notary Commission expires March 20th 19 53

APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Family Bible Record		By whom issued and signed Bible viewed by Dorothy Reade, Notary Public		Date issued May 29, 1882
	Date of Birth May 29, 1882	Birth Place	Full Name of Mother Susan Lewis		Name of Father Wm. Lewis
SUPPORTING RECORD 2.	Type of Document School Record		By whom issued and signed University of California		Date issued 9-5-50
	Date of Birth May 29, 1882	Birth Place Hailey, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by <i>Mabel F. E. E. E.</i>	Date Filed 11-9-50
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DECEASED CERTIFICATE OF DEATH
STATE OF ILLINOIS

NAME OF DECEASED
JAMES EARL RAY

DATE OF DEATH
JUNE 4, 1968
PLACE OF DEATH
JAIL, JAIL

SEP 12 1968

DECEASED
JAMES EARL RAY
JAIL, JAIL

4002 - Brookdale Ave.
Oakland, California

DATE OF DEATH
JUNE 4, 1968
PLACE OF DEATH
JAIL, JAIL

DECEASED
JAMES EARL RAY
JAIL, JAIL

MARCH 20, 1968

DATE OF DEATH
JUNE 4, 1968
PLACE OF DEATH
JAIL, JAIL

DECEASED
JAMES EARL RAY
JAIL, JAIL

DECEASED
JAMES EARL RAY
JAIL, JAIL

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DECEASED
JAMES EARL RAY
JAIL, JAIL

799-210-044-393 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. Def 523
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth. ZELLIA CATHERINE GRIMMETT.				2. Date (month) (day) (year) Of Birth DEC 10 1882			
	3. Color or Race WHITE	4. Sex FEMALE	5. Place of Birth IDAHO TER.		6. City or Town of Birth FARM. WEISER IDAHO TER.			
FATHER	6. Full Name of Father GEORGE A. GRIMMETT				7. State or Country of Father's Birth TENNESSEE.			
MOTHER	8. Full Maiden Name of Mother CATHERINE LILE.				9. State or Country of Mother's Birth MISSOURIA.			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Zellia Catherine Grimmnett</i>		11. Present Address of Registrant RT 3 Box 20 Boise ID	
NOTARY (Seal)	Subscribed and sworn to before me on 2-7-51 19__				12. Signature of Notary <i>Mark S Baker</i>		13. Notary Commission expires 1-21-53 19__	

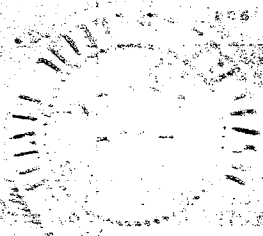
APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document Family Bible Record		By whom issued and signed Affidavit by Ida Belle Grimmnett Bodreo		Date issued 1-20-51	Date Orig. Entry 12-10-1882
	Date of Birth Dec. 10, 1882,	Birth Place Weiser, Idaho	Full Name of Mother Catherine Lile		Name of Father George A. Grimmnett	
SUPPORTING RECORD 2.	Type of Document Marriage License		By whom issued and signed State of Oregon County of Baker		Date issued 3-21-1902	Date Orig. Entry same
	Date of Birth Dec. 10, 1882,	Birth Place Weiser, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit by		By whom issued and signed Wm. Stover, school friend		Date issued 3-12-49	Date Orig. Entry
	Date of Birth Dec. 10, 1882,	Birth Place Weiser, Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by <i>Mark S Baker</i>			Date Filed 2-12-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 13 1961



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De52-2619
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Edith Redway</u>				2. Date (month) (day) (year) Of Birth <u>July</u> <u>23</u> <u>1882</u>		
	3. Color of Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Boise, Idaho</u>	a. County <u>Ada</u>	b. City or Town of Birth <u>Boise</u>		
FATHER	6. Full Name of Father <u>William (Harvey) Redway</u>				7. State or Country of Father's Birth <u>Pennsylvania</u>		
MOTHER	8. Full Maiden Name of Mother <u>Edith Jacobs</u>				9. State or Country of Mother's Birth <u>Oregon</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mary Edith Redway</u>		11. Present Address of Registrant <u>1615 Cleveland, Caldwell, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 4</u> <u>1952</u>				12. Signature of Notary <u>Mabel F. Eder</u>		13. Notary Commission expires <u>May 7,</u> <u>1954</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>A</u>	Type of Document <u>Church Record, Baptismal</u>		By whom issued and signed <u>Beth W. Streebel, Parish Sec.</u>	Date issued <u>3-28-52</u>	Date Orig. Entry <u>Sept. 26, 1882</u>
	Date of Birth <u>July 23, 1882</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>Edith Redway</u>	Name of Father <u>Wm. H. Redway</u>	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>New York Life Insurance Co.</u>	Date issued <u>Nov. 19, 1904</u>	Date Orig. Entry
	Date of Birth <u>22 yrs old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Mabel F. Eder

Date Filed
Apr. 4, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3510
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Adelbert Heron Yaryan				2. Date (month) (day) (year) Of Birth August 19, 1882	
	3. Color or Race white	4. Sex Male	5. Place of Birth Boise, Idaho	a. County Idaho	b. City or Town of Birth Boise	
FATHER	6. Full Name of Father William Franklin Yaryan				7. State or Country of Father's Birth Iowa	
MOTHER	8. Full Maiden Name of Mother Mary Therisa Heron				9. State or Country of Mother's Birth Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Adelbert Heron Yaryan</i>	
NOTARY (Seal)	Subscribed and sworn to before me on November 10 19 52				11. Present Address of Registrant 911 Franklin, Boise, Idaho	
	12. Signature of Notary <i>Lorraine Rand</i>				13. Notary Commission expires November 22 19 54	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Letter from Rebekah Assembly re membership		By whom issued and signed Mabel Garland, Ass. Sec.		Date issued 10/25/52	Date Orig. Entry Membership on Sept. 28, 1904
	Date of Birth 22 yrs old	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Letter re insurance Policy No. 2152062		By whom issued and signed James R. Nall, Dist. Agent		Date issued 11/4/52	Date Orig. Entry Sept. 1, 1942
	Date of Birth 60 yrs old	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Letter from St. Luke's Hospital, Boise, re admittance as patient		By whom issued and signed by Isabelle Atherton, R.R.L. <i>Notarized by Florence M. Gerard</i>		Date issued 10/15/52	Date Orig. Entry Entered hosp. on Jan. 15, 1945
	Date of Birth 62 yrs old	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION	Affidavit by cousin, Clara See, gives the date of birth as Boise, Idaho, date, August 19, 1882.					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by <i>Mabel Garland</i>			Date Filed Nov. 29, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-69
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Minnie Boone</u>		2. Date (month) (day) (year) <u>Dec. 18, 1882</u>	
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Boise Basin Canyon</u>	6. City or Town of Birth <u>near Caldwell and Boise</u>
FATHER	6. Full Name of Father <u>Theodore W. Boone</u>		7. State or Country of Father's Birth <u>Westport, Missouri</u>	
MOTHER	8. Full Maiden Name of Mother <u>Martha Alice Thompson</u>		9. State or Country of Mother's Birth <u>Odell, Iowa</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <u>Minnie Boone</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 17, 1953</u>		11. Present Address of Registrant <u>10638 1/2 W. Schrieber Blvd.</u> 12. Signature of Notary <u>Loelle P. Allen</u> 13. Notary Commission Expires <u>July 12, 1954</u> in and for the County of Los Angeles, State of California	

APPLICANT— DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>	Date issued <u>1900 Census</u>
	Date of Birth <u>17 yrs old Dec. 1882</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Martha A. Boone</u>	Name of Father <u>Theodore W. Boone</u>
SUPPORTING RECORD 2.	Type of Document <u>School Record</u>		By whom issued and signed <u>College of Idaho, Caldwell, Idaho</u>	Date issued <u>10-24-1898</u>
	Date of Birth <u>15 yrs old</u>	Birth Place	Full Name of Mother	Name of Father <u>T. W. Boone</u>
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Gertrude Boone Beatty</u>	Date issued <u>1-14-53</u>
	Date of Birth <u>Dec. 17, 1882, Idaho</u>	Birth Place	Full Name of Mother	Name of Father

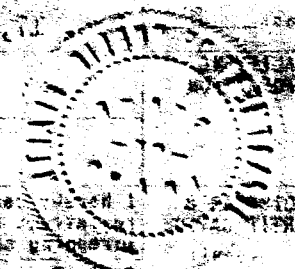
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel Hedger</u>	Date Filed <u>Jan. 22, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



[Handwritten notes and signatures in the top left section, including '10/10/1910' and 'J. W. ...']

Date of Birth 10/10/1910	Date of Death 10/10/1910	Name of Father J. W. ...	Name of Mother J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...
Date of Birth 10/10/1910	Date of Death 10/10/1910	Name of Father J. W. ...	Name of Mother J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...
Date of Birth 10/10/1910	Date of Death 10/10/1910	Name of Father J. W. ...	Name of Mother J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...
Date of Birth 10/10/1910	Date of Death 10/10/1910	Name of Father J. W. ...	Name of Mother J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...
Date of Birth 10/10/1910	Date of Death 10/10/1910	Name of Father J. W. ...	Name of Mother J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...
Date of Birth 10/10/1910	Date of Death 10/10/1910	Name of Father J. W. ...	Name of Mother J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...	Name of Spouse J. W. ...



Date Filed: 10/10/1910
 State of Delaware
 Department of Justice
 Division of Vital Statistics
 Office of the Registrar
 10/10/1910

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-411
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth THOMAS E. MURPHY			2. Date (month) (day) (year) Of Birth October 4 1882	
	3. Color or Race white	4. Sex Male	5. Place of Birth a. County Idaho Bingham County		b. City or Town of Birth Eagle Rock, Idaho
FATHER	6. Full Name of Father Gideon Mann Murphy			7. State or Country of Father's Birth Atlanta, Georgia	
MOTHER	8. Full Maiden Name of Mother Alice Simmons			9. State or Country of Mother's Birth Chicken Creek, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Thomas E. Murphy</i>	
NOTARY (Seal)	Subscribed and sworn to before me on April 22 19 53			11. Present Address of Registrant Route #6—Nampa, Idaho	
				12. Signature of Notary <i>Mary E. Eiden</i>	
			13. Notary Commission expires May 7 19 53		

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Family Bible Record		By whom issued and signed Gideon Mann Murphy		Date issued Oct. of 1882
	Date of Birth Oct. 4, 1882	Birth Place Eagle Rock, Idaho	Full Name of Mother Alice Simmons		Date Orig. Entry Oct of 1882
SUPPORTING RECORD 2.	Type of Document Life Insurance Application		By whom issued and signed Idaho Mutual Benefit Association		Date issued 4/22/53
	Date of Birth Oct. 4, 1882	Birth Place Idaho Falls, Idaho	Full Name of Mother		Date Orig. Entry 8/20/32
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Eva Karnes		Date Filed 4/22/53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-215-001-964
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-1006
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 835 r State St.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No. 835 r State St.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Annis Fuller Pinney
5. **Date of Birth of Child** (Month, day, year) 8-15-82
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>James Alonza Pinney</u> | 11. Color or Race <u>White</u> | 14. FULL MAIDEN NAME <u>Mary Agnes Rodgers</u> | 15. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>45</u> yrs. | 13. Birthplace <u>Ohio</u>
(City or town) (State or foreign country) | 16. Age at time of THIS birth <u>25</u> yrs. | 17. Birthplace <u>Salem Oregon</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Store keeper - Merchant</u> | 15. Industry or Business | 18. Exact Occupation <u>House wife</u> | 19. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at P M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name)
who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature Birdenia Harland **M.D.** Address Idaho City Ida Date 10/26/
Midwife

State of _____ } ss.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 71 years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 30 day of October 1953.
(SEAL) Charles W. Benson Notary Public, residing at Idaho City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 3, 1953 by W. W. Benson, Registrar

NOV 4 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELETED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 746
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth CORA ESTELLA GRENINGER				2. Date (month) (day) (year) Of Birth March 26 1882	
	3. Color or Race W	4. Sex F	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Moscow	
FATHER	6. Full Name of Father Daniel Peter Greninger				7. State or Country of Father's Birth Pa. U.S.A.	
MOTHER	8. Full Maiden Name of Mother Rebecca Jane Buchanan				9. State or Country of Mother's Birth Joplin, Missouri, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Cora Estella Greninger</i>	
NOTARY (Seal)	Subscribed and sworn to before me on September 3 1954				11. Present Address of Registrant 301 Delicia Street North Sacramento, Calif.	
	12. Signature of Notary <i>J. R. Shoup</i>				13. Notary Commission expires Oct. 8 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Bureau of Census Form		By whom issued and signed Robert W. Burgess	Date issued Aug. 19, 1954	Date Orig. Entry June 1, 1900
	Date of Birth 18 yrs old March	Birth Place 1882 Idaho	Full Name of Mother Rebecca J. Greninger	Name of Father Dave P. Greninger	
SUPPORTING RECORD 2-	Type of Document Affidavit of Brother		By whom issued and signed Ira L. Breninger	Date issued June 14, 1954	Date Orig. Entry
	Date of Birth March 26,	Birth Place 1882 Moscow, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document Affidavit of Dora Buchanan Lynch		By whom issued and signed Dora Buchanan Lunch	Date issued June 14, 1954	Date Orig. Entry
	Date of Birth March 26,	Birth Place 1882 Moscow, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	Certified copy of marriage certificate of Albert H. Shoup and Corene Greninger (Applicant did use name of Corene for a period of time) Age is shown as 34 ,				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton	Date Filed Sept. 8, 1954	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CONFIDENTIAL

1944-1945

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2013 BY 60322 UCBAW

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CONFIDENTIAL

DATE OF 10 1955

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1950年10月1日

WILLIAM STUART OF MASSACHUSETTS, UNITED STATES OF AMERICA

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SECRET

THE UNIVERSITY OF CHICAGO

SECRET

100

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1. **THE STATE OF TEXAS, COUNTY OF DALLAS, ss. I, _____, a Notary Public in and for said State, do hereby certify that the foregoing is a true and correct copy of the original of the same, as the same appears from the records of said County.**

CONFIDENTIAL

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CONFIDENTIAL

SECRET

12-15-01

10-10-68

(continued)

THE UNIVERSITY OF CHICAGO

TO THE CHAIRMAN OF THE SELECT COMMITTEE ON ASSASSINATIONS

1997年12月15日

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100-443887-100

SECRET

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO
APR 10 1955
Division of Vital Statistics

State File No. De55-352
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Amelia Mary Ann Christensen, later changed to Mildred Mary Ann Christensen</u>				2. Date of Birth (month) (day) (year) <u>June 8 1882</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Caribou</u>	b. City or Town of Birth <u>Soda Springs</u>		
FATHER	6. Full Name of Father <u>Niels Christian Christensen</u>				7. State or Country of Father's Birth <u>Denmark</u>		
MOTHER	8. Full Maiden Name of Mother <u>Lena Marietta Hansen</u>				9. State or Country of Mother's Birth <u>Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mildred Mary Ann Christensen (Counselor)</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 9 1955</u>				11. Present Address of Registrant <u>1420 North Park Place St. Louis 7, Missouri</u>		
					12. Signature of Notary <u>Robert E. Lange</u>		
					13. Notary Commission expires <u>August 18 1958</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible, Amelia A. M.</u>		Date issued <u>June 8, 1882</u>	Date Orig. Entry <u>June 8, 1882</u>	
	Date of Birth <u>June 8, 1882</u>	Birth Place <u>Soda Springs, Idaho</u>	Full Name of Mother <u>Christensen</u>		Name of Father		
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Lena Marietta Hansen Baker</u>		Date issued <u>Mch 29, 1955</u>	Date Orig. Entry	
	Date of Birth <u>June 8, 1882</u>	Birth Place <u>Soda Springs</u>	Full Name of Mother <u>Lena Marietta Hansen</u>		Name of Father <u>Christensen</u>		
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel E. Egan</u>	Date Filed <u>Apr. 13, 1955</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF INVESTIGATION

APR 18 1955



1. Name of Person		2. Address of Person	
3. Date of Birth		4. Place of Birth	
5. Date of Entry into Country		6. Date of Departure from Country	
7. Name of Employer		8. Name of Employer	
9. Name of Employer		10. Name of Employer	
11. Name of Employer		12. Name of Employer	
13. Name of Employer		14. Name of Employer	
15. Name of Employer		16. Name of Employer	
17. Name of Employer		18. Name of Employer	
19. Name of Employer		20. Name of Employer	
21. Name of Employer		22. Name of Employer	
23. Name of Employer		24. Name of Employer	
25. Name of Employer		26. Name of Employer	
27. Name of Employer		28. Name of Employer	
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57. Name of Employer		58. Name of Employer	
59. Name of Employer		60. Name of Employer	
61. Name of Employer		62. Name of Employer	
63. Name of Employer		64. Name of Employer	
65. Name of Employer		66. Name of Employer	
67. Name of Employer		68. Name of Employer	
69. Name of Employer		70. Name of Employer	
71. Name of Employer		72. Name of Employer	
73. Name of Employer		74. Name of Employer	
75. Name of Employer		76. Name of Employer	
77. Name of Employer		78. Name of Employer	
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81. Name of Employer		82. Name of Employer	
83. Name of Employer		84. Name of Employer	
85. Name of Employer		86. Name of Employer	
87. Name of Employer		88. Name of Employer	
89. Name of Employer		90. Name of Employer	
91. Name of Employer		92. Name of Employer	
93. Name of Employer		94. Name of Employer	
95. Name of Employer		96. Name of Employer	
97. Name of Employer		98. Name of Employer	
99. Name of Employer		100. Name of Employer	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-449
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Frederick Myron Arant</u>				2. Date (month) (day) (year) Of Birth <u>August 31, 1882</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Nez Perce</u>		b. City or Town of Birth <u>Lewiston Idaho</u>	
FATHER	6. Full Name of Father <u>Henry Olin Arant</u>				7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother <u>Lizzie Churchill Hall</u>				9. State or Country of Mother's Birth <u>Michigan</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Frederick Myron Arant</u>	11. Present Address of Registrant <u>5622 Pacific St. Omaha, Nebraska</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>21st of February 1955</u>				12. Signature of Notary <u>Baker E. Fisher</u>	13. Notary Commission expires <u>14th of September 1955</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Travelers Insurance Co.</u>	Date issued <u>11-29-20</u>	Date Orig. Entry
	Date of Birth <u>Aug. 31, 1882,</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Hartford, Conn.</u>	Name of Father	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Northwestern Mutual Life</u>	Date issued <u>3-21-29</u>	Date Orig. Entry
	Date of Birth <u>Aug. 31, 1882,</u>	Birth Place <u>Lewiston Idaho</u>	Full Name of Mother <u>Milwaukee, Wis.</u>	Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Viola McConville</u>	Date issued	Date Orig. Entry
	Date of Birth <u>Aug. 31, 1882,</u>	Birth Place <u>Lewiston, Idaho</u>	Full Name of Mother <u>Lizzie Churchill</u>	Name of Father <u>Henry Olin Arant</u>	

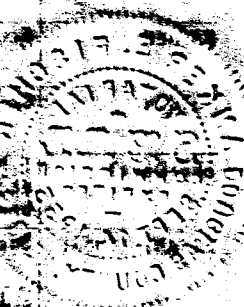
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary H. Edgar</u>	Date Filed <u>May 6, 1955</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

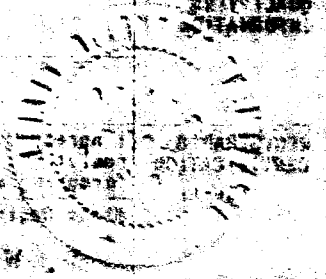
ORIGINAL OF THIS DOCUMENT IS FILED IN

RECEIVED

1. Name of person	2. Date of birth	3. Place of birth	4. Date of entry
5. State or Country of birth	6. State or Country of residence	7. Present address of registrant	8. Signature of registrant
9. Signature of sponsor	10. Signature of sponsor	11. Signature of sponsor	12. Signature of sponsor



13. Name of person	14. Date of birth	15. Place of birth	16. Date of entry
17. State or Country of birth	18. State or Country of residence	19. Present address of registrant	20. Signature of registrant
21. Signature of sponsor	22. Signature of sponsor	23. Signature of sponsor	24. Signature of sponsor



25. Name of person	26. Date of birth	27. Place of birth	28. Date of entry
29. State or Country of birth	30. State or Country of residence	31. Present address of registrant	32. Signature of registrant
33. Signature of sponsor	34. Signature of sponsor	35. Signature of sponsor	36. Signature of sponsor

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De55-673
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Nelson Henry Linder				2. Date Of Birth February 19 1882 (month) (day) (year)	
	3. Color or Race white	4. Sex male	5. Place of Birth Washington a. County		b. City or Town of Birth Midvale	
FATHER	6. Full Name of Father Henry Jerome Linder				7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Minnie Hurd Haven				9. State or Country of Mother's Birth Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Nelson Henry Linder</i>	
NOTARY (Seal)	Subscribed and sworn to before me on July 12, 1955				11. Present Address of Registrant R. 1 Madras, Oregon	
	12. Signature of Notary <i>May Collins</i>				13. Notary Commission expires June 3, 1957	

APPLICANT-- DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Bible Record		By whom issued and signed family Bible viewed by May Collins, Notary Public		Date issued 7-14-55
	Date of Birth Feb. 19, 1882	Birth Place Midvale, Idaho	Full Name of Mother Minnie Hurd Haven		Date Orig. Entry Henry Jerome Linder
SUPPORTING RECORD 2.	Type of Document affidavit by friend of family		By whom issued and signed Effie Keithley		Date issued 7-14-55
	Date of Birth Feb. 19, 1882	Birth Place Midvale, Idaho	Full Name of Mother Minnie Hurd Linder		Date Orig. Entry Henry Jerome Linder
SUPPORTING RECORD 3.	Type of Document affidavit by friend of family		By whom issued and signed Seppie Keithley		Date issued -7-14-55
	Date of Birth Feb. 19, 1882	Birth Place Midvale, Idaho	Full Name of Mother Minnie Hurd Linder		Date Orig. Entry Henry Jerome Linder

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. L. Benson</i>	Evidence reviewed by Betty Waller	Date Filed July 19, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH STATE OF ILLINOIS

1925-1926

Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death		Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death	
Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death		Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death	

1925-1926

1925-1926

Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death		Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death	
Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death		Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death	

1925-1926

Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death		Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death	
Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death		Name of Person Date of Birth Place of Birth State of Birth Date of Death Place of Death State of Death	

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De55-1001
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Minnie M. Cazier</u>			2. Date (month) (day) (year) <u>June 28 1882</u>	
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Bear Lake</u>	b. City or Town of Birth <u>Bennington</u>	
FATHER	6. Full Name of Father <u>Charles Cazier</u>			7. State or Country of Father's Birth <u>Nephi Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Susan Bingham</u>			9. State or Country of Mother's Birth <u>Odgen, Weber Co. Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Minnie M. Cazier</u>	11. Present Address of Registrant <u>Afton Wyoming</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 5 19 55</u>			12. Signature of Notary <u>C. Stuart Jones</u>	13. Notary Commission expires <u>June 9 19 56</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>July 23, 1882</u>
	Date of Birth <u>June 28, 1882</u>	Birth Place <u>Bennington, Ida.</u>	Full Name of Mother <u>Minnie Cazier</u>		Name of Father <u>Charles Cazier</u>
SUPPORTING RECORD 2-	Type of Document <u>Certificate of Birth of Son</u>		By whom issued and signed <u>State Registrar-Wyoming</u>		Date issued <u>March 15, 1944</u>
	Date of Birth <u>Age 45</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>M. C. Keith-File No. 1927</u>		Date Orig. Entry <u>Aug. 15, 1927</u>
SUPPORTING RECORD 3-	Type of Document <u>Insurance Application</u>		By whom issued and signed <u>Gem State Mutual Life Association</u>		Date issued <u>5/5/36</u>
	Date of Birth <u>June 28, 1882</u>	Birth Place <u>Bennington, Idaho</u>	Full Name of Mother		Date Orig. Entry <u>5/5/36</u>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benning</u>	Evidence reviewed by <u>Verna Reich</u>	Date Filed <u>11-17-55</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

HTB 10-72 11-21-72 0344-20

SEARCHED INDEXED

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10-10-68

CONFIDENTIAL

THE

962-214-031
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

NOV 27 1956

RECEIVED DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-1234
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Vivian Virginia Roberts				2. Date of Birth September 14 1921	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Lewis		b. City or Town of Birth Winchester	
FATHER	6. Full Name of Father John Luther Roberts				7. State or Country of Father's Birth Orrock, Minnesota	
MOTHER	8. Full Maiden Name of Mother Ruth Evangline Roberts				9. State or Country of Mother's Birth Forest, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Vivian Roberts Hartung</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>November 26, 1956</i>				11. Present Address of Registrant <i>11074 University, Clarkston, Wash.</i>	
	12. Signature of Notary <i>Elwood Knowlton</i>				13. Notary Commission expires <i>Dec. 22, 1959</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>B</u>	Type of Document Affidavit by Mother		By whom issued and signed Ruth Roberts	Date issued September 24, 1956	Date Orig. Entry September 24, 1956
	Date of Birth September 14, 1921	Birth Place Winchester, Idaho	Full Name of Mother Ruth Evangline Roberts	Name of Father John Luther Roberts	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document Application for Social Security Account No.		By whom issued and signed U. S. Treasury Dept.	Date issued Dec. 7, 1943	Date Orig. Entry Dec. 7, 1943
	Date of Birth Sept. 14, 1921	Birth Place Winchester	Full Name of Mother Ruth Evangeline Wilkes	Name of Father John L. Roberts	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document Insurance Policy		By whom issued and signed The Order of The Maccabees	Date issued 7/22/43	Date Orig. Entry 7/22/43
	Date of Birth Sept. 14, 1921	Birth Place Idaho	Full Name of Mother Ruth Evangeline Wilkes	Name of Father John L. Roberts	

QUALIFYING INFORMATION	Additional information - Church Certificate, issued by Brethern Church		
	giving birth date September 14, 1921 Dated Oct. 8, 1921		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by vr Shirley Straubhar	Date Filed Dec. 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

DEC 4 1956



1. Name of Person
2. Date of Birth
3. Place of Birth
4. State or Country of Birth
5. Name of Father
6. Name of Mother
7. Date of Marriage
8. Name of Spouse
9. Date of Death
10. Cause of Death
11. Name of Burial Place
12. Name of Cemetery
13. Name of Registrar
14. Name of Registrar's Office
15. Name of Registrar's Address
16. Name of Registrar's Telephone
17. Name of Registrar's Fax
18. Name of Registrar's E-mail
19. Name of Registrar's Website
20. Name of Registrar's Social Media

1. Name of Person
2. Date of Birth
3. Place of Birth
4. State or Country of Birth
5. Name of Father
6. Name of Mother
7. Date of Marriage
8. Name of Spouse
9. Date of Death
10. Cause of Death
11. Name of Burial Place
12. Name of Cemetery
13. Name of Registrar
14. Name of Registrar's Office
15. Name of Registrar's Address
16. Name of Registrar's Telephone
17. Name of Registrar's Fax
18. Name of Registrar's E-mail
19. Name of Registrar's Website
20. Name of Registrar's Social Media

1. Name of Person
2. Date of Birth
3. Place of Birth
4. State or Country of Birth
5. Name of Father
6. Name of Mother
7. Date of Marriage
8. Name of Spouse
9. Date of Death
10. Cause of Death
11. Name of Burial Place
12. Name of Cemetery
13. Name of Registrar
14. Name of Registrar's Office
15. Name of Registrar's Address
16. Name of Registrar's Telephone
17. Name of Registrar's Fax
18. Name of Registrar's E-mail
19. Name of Registrar's Website
20. Name of Registrar's Social Media

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